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Fill in this information to identify your case:			
United States Bankruptcy Court for the:  Northern District of New York		ş =	
Case number (If known):	Chapter you are filing under: Chapter 7 Chapter 11 Chapter 12 Chapter 13		ck if this is an

### Official Form 101

### **Voluntary Petition for Individuals Filing for Bankruptcy**

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### **Identify Yourself** Part 1: About Debtor 1: About Debtor 2 (Spouse Only in a Joint Case): 1. Your full name Write the name that is on your Ella **Timothy** government-issued picture First name First name identification (for example, M your driver's license or passport). Middle name Middle name Malark Malark Bring your picture Last name Last name identification to your meeting with the trustee. Suffix (Sr., Jr., II, III) Suffix (Sr., Jr., II, III) 2. All other names you have used in the last 8 First name First name years Middle name Middle name Include your married or maiden names. Last name Last name First name First name Middle name Middle name Last name Last name 3. Only the last 4 digits of xxx - xx - 2 9 0 1your Social Security number or federal **Individual Taxpayer** 9 xx - xx -\_\_\_\_\_ Identification number (ITIN)

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Debtor 1 Ella IVI First Name Middle Na	IVIAIAIK ame Last Name	Case number (if known)
	About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
Any business names and Employer Identification Numbers (EIN) you have used in	☑ I have not used any business names or EINs.	☑ I have not used any business names or EINs.
the last 8 years	Business name	Business name
doing business as names	Business name	Business name
	EIN — - — — — — — —	EIN — — — — — — —
	EIN	EIN
Where you live		If Debtor 2 lives at a different address:
	1681 Helderberg Trail	
	Number Street	Number Street
	Berne NY 12023	City State ZIP Code
	City State ZIP Code	City State ZIP Code
	Albany	County
	If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.
	Number Street	Number Street
	Name of the state	5
	P.O. Box	P.O. Box
	City State ZIP Code	City State ZIP Code
Why you are choosing	Check one:	Check one:
this district to file for bankruptcy	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
	☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)	☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)
		5 , 3
		-
	<del></del>	-

Ella

Debtor 1

M

Malark

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Malark

Ella

Debtor 1

M

Debto	r 1 <u>EIIA</u> M	ne .	Malar Last Nam			Case number (if k	nown)
	midde Nan		Euot Haiti	•			
Part	Tell the Court Abou	ıt Your B	ankru	ptcy Case			
	he chapter of the ankruptcy Code you			a brief description of each, s Form 2010)). Also, go to the			U.S.C. § 342(b) for Individuals Filing ne appropriate box.
	re choosing to file nder	☐ Cha	pter 7				
	11401	☐ Cha	pter 11				
		☐ Cha	pter 12				
		🗷 Cha	pter 13				
8. H	ow you will pay the fee	loca your subr with  I nee Appo	I court it self, you mitting you a pre-ped to plication quest that we are justified to be self-to the fee	for more details about how ou may pay with cash, cast your payment on your below orinted address.  ay the fee in installment for Individuals to Pay The mat my fee be waived (Yadge may, but is not requised) 50% of the official poverty	wyou m shier's c nalf, you ts. If you e Filing ou may red to, we line the	nay pay. Typicall check, or money ur attorney may u choose this op Fee in Installme request this opt waive your fee, a at applies to you his option, you m	pay with a credit card or check  stion, sign and attach the  nts (Official Form 103A).  ion only if you are filing for Chapter 7.  and may do so only if your income is r family size and you are unable to ust fill out the Application to Have the
b	ave you filed for ankruptcy within the st 8 years?	□ No ☑ Yes.	District District	Northern	_ When _ When _ When	01/17/2016 MM / DD / YYYY MM / DD / YYYY	Case number
fil no yo pa	re any bankruptcy ases pending or being led by a spouse who is ot filing this case with ou, or by a business artner, or by an ffiliate?	☑ No ☐ Yes.	District  Debtor	,	_ When	MM/DD/YYYY	Relationship to you  Case number, if known  Relationship to you  Case number, if known
	o you rent your sidence?	☑ No. ☐ Yes.	□ No	our landlord obtained an evic . Go to line 12.			Against You (Form 101A) and file it as

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Debtor 1	Ella First Name	M Middle Nam		Malark Last Name	Case number (if known)_	
		mado rom				
Part 3	Report Abo	ut Any B	usiness	es You Own as a So	le Proprietor	
12. Are of a bus A so busi indiv sepa a co LLC If yo sole	you a sole pro iny full- or partsiness? ble proprietorship iness you operate vidual, and is not a arate legal entity s inporation, partners	prietor -time s a as an a such as ship, or one	☑ No. (	Name and location of be Name of business, if any  Number Street  City  Check the appropriate to Health Care Business	State  Oox to describe your business: as (as defined in 11 U.S.C. § 101(27A)) state (as defined in 11 U.S.C. § 101(51B))	ZIP Code
					ned in 11 U.S.C. § 101(53A)) as defined in 11 U.S.C. § 101(6))	4
Cha Ban are deb For a busin	you filing under the akruptcy Code a you a small butor? a definition of smaness debtor, see J.S.C. § 101(51D).	and siness	most recany of the No.	appropriate deadlines. If sent balance sheet, state less documents do not ell am not filling under Chapte the Bankruptcy Code.	I, the court must know whether you are a s. you indicate that you are a small business ment of operations, cash-flow statement, a exist, follow the procedure in 11 U.S.C. § 11 apter 11.  If 11, but I am NOT a small business debtor according to the court of the cour	debtor, you must attach your and federal income tax return or if 116(1)(B).
Part 4:	Report if Yo	u Own o	r Have	Any Hazardous Prop	erty or Any Property That Needs In	nmediate Attention
propalled of in iden pub Or depropaled from Forest that is a second control of the control of th	you own or have perty that pose ged to pose a to minent and a stiffiable hazard lic health or sa lo you own any perty that need a diate attention example, do you othable goods, or limust be fed, or a lineeds urgent repa	s or is hreat to fety?  s n?  went to swin vestock building	☑ No ☐ Yes.	What is the hazard?  If immediate attention  Where is the property?	is needed, why is it needed?	
					City	State ZIP Code

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Debtor 1	Ella	M	Malark	Case number (if known)
	First Name	Middle Name	Lart Name	Th no see that

#### Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling

You must check one:

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:	Ab

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

l am	not require	d to	receive	а	briefing	about
	t counseli					

Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability. My physical disability causes me

to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

#### About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing	about
credit counseling because of:	

☐ Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a

briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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Case number (#known)\_

	riocitaine inicae tain	Last Name		
Pa	art 6: Answer These Ques	stions for Reporting Purpose	es	
16.	What kind of debts do		ily consumer debts? Consumer debal primarily for a personal, family, or hous	
	you have?	<ul><li>□ No. Go to line 16b.</li><li>☑ Yes. Go to line 17.</li></ul>		
			ily business debts? Business debts avestment or through the operation of the	
		<ul><li>□ No. Go to line 16c.</li><li>□ Yes. Go to line 17.</li></ul>		
		16c. State the type of debts you	owe that are not consumer debts or bus	iness debts.
17.	Are you filing under Chapter 7?	☑ No. I am not filing under Ch	apter 7. Go to line 18.	
	Do you estimate that after any exempt property is excluded and	Yes. I am filing under Chapte administrative expenses	er 7. Do you estimate that after any exen s are paid that funds will be available to	npt property is excluded and distribute to unsecured creditors?
	administrative expenses are paid that funds will be available for distribution to unsecured creditors?	☐ Yes		
18.	How many creditors do you estimate that you	<b>☑</b> 1-49 <b>☑</b> 50-99	☐ 1,000-5,000 ☐ 5,001-10,000	25,001-50,000 50,001-100,000
	owe?	100-199 200-999	10,001-25,000	☐ More than 100,000
19.	How much do you estimate your assets to	\$0-\$50,000 \$50,001-\$100,000	\$1,000,001-\$10 million \$10,000,001-\$50 million	\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion
	be worth?	\$100,001-\$500,000 \$500,001-\$1 million	□ \$50,000,001-\$100 million □ \$100,000,001-\$500 million	□ \$10,000,000,001-\$50 billion □ More than \$50 billion
20.	How much do you estimate your liabilities	\$0-\$50,000 \$50,001-\$100,000	\$1,000,001-\$10 million \$10,000,001-\$50 million	\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion
	to be?	\$100,001-\$500,000 \$500,001-\$1 million	\$50,000,001-\$100 million \$100,000,001-\$500 million	\$10,000,000,001-\$50 billion  More than \$50 billion
Pa	rt 7: Sign Below			
Fo	r you	I have examined this petition, an correct.	d I declare under penalty of perjury that	the information provided is true and
			apter 7, I am aware that I may proceed, i understand the relief available under ea	
			d I did not pay or agree to pay someone vand read the notice required by 11 U.S.C	
			th the chapter of title 11, United States C	
			It in fines up to \$250,000, or imprisonme	money or property by fraud in connection on the for up to 20 years, or both.
Σ.	(UEE)	* SMFh	I. * jun	olh Clar
		Signature of Debtor 1	2020	e of Debtor 2
		Executed on 1/25/2	Executed Executed	I on MM / DD /YYYY

Ella

Debtor 1

M

Malark

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Debtor 1	Ella First Name	Middle Name	· Malark Lust Name	Case number (if known)_	
represent If you are by an atto	attorney, if yed by one not represe orney, you detected this page	ented lo not	I, the attorney for the debtor(s) named in to proceed under Chapter 7, 11, 12, or 13 available under each chapter for which the notice required by 11 U.S.C. § 342(b) knowledge after an inquiry that the inform	B of title 11, United States Code, an be person is eligible. I also certify the and, in a case in which § 707(b)(4)	d have explained the relief at I have delivered to the debtor(s) (D) applies, certify that I have no
			Opal F. Hinds Printed name		
			Law Office of Opal F. Hinds Firm name  650 Franklin Street, Suite 304 Number Street		
			Schenectady City	NY State	12305 ZIP Code
			Contact phone (518) 893-8100	Email address	opalhinds@1sthindslaw.com
			515855	NY	e.

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		Malark	
t Name	Middle Name	Last Name	
imothy	J	Malark	
t Name	Middle Name	Last Name	
	imothy t Name	imothy J  Name Middle Name	imothy J Malark

Check if this is an amended filing

### Official Form 106A/B

### Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

o you own or have any legal or equitable inte	rest in any residence, building, land, or similar prop	erty?
No. Go to Part 2.		
Yes. Where is the property?		
1.1.1 1681 Helderberg Trail Street address, if available, or other description	What is the property? Check all that apply.  Single-family home  Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home	Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.  Current value of the entire property?  Current value of the portion you own?
	— 🔲 Land	\$36,412.00
Berne         NY         12023           City         State         ZIP Cod	Investment property Timeshare Other	Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.
	Who has an interest in the property? Check one,	
Albany	Debtor 1 only	) <del></del>
County	Debtor 2 only	☐ Check if this is community property
	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	(see instructions)
	Other information you wish to add about this it	em such as local
	man a mante del a matti a atta un monerto con	
ou own or have more than one, list here:		
2. 1679 Helderberg Trail Street address, if available, or other description	What is the property? Check all that apply.  Single-family home  Duplex or multi-unit building	Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.
enoceanion, in aranable, or other description	☐ Condominium or cooperative☐ Manufactured or mobile home	Current value of the entire property? Current value of the portion you own?
7	☐ Land	s 240,968.00 s 240,968.0
Berne         NY         12023           City         State         ZIP Code		Describe the nature of your ownership interest (such as fee simple, tenancy by
	U Other	the entireties, or a life estate), if known.
	Who has an interest in the property? Check one.	
Albany	Debtor 1 only Debtor 2 only	241
County	✓ Debtor 2 only ✓ Debtor 1 and Debtor 2 only	☐ Check if this is community property
	•	
	At least one of the debtors and another	(see instructions)

Case 20-10225-1-rel Doc 1 Filed 02/12/20 Entered 02/12/20 15:56:38 Desc Main Page 9 of 59 Document Ella Malark Debtor 1 Case number (if known) What is the property? Check all that apply. Do not deduct secured claims or exemptions. Put ☐ Single-family home the amount of any secured claims on Schedule D: 1554 First Street 1.3. Creditors Who Have Claims Secured by Property. Street address, if available, or other description Duplex or multi-unit building Current value of the Current value of the Condominium or cooperative entire property? portion you own? Manufactured or mobile home 58,032.00 58,032.00 ☐ Land Investment property Rensselaer NY 12144 Describe the nature of your ownership ZIP Code ☐ Timeshare interest (such as fee simple, tenancy by Other\_ the entireties, or a life estate), if known. Who has an interest in the property? Check one. Rensselaer Debtor 1 only County Debtor 2 only ☐ Check if this is community property Debtor 1 and Debtor 2 only (see instructions) At least one of the debtors and another Other information you wish to add about this item, such as local property identification number: 2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages 535,412.00 you have attached for Part 1. Write that number here. **Describe Your Vehicles** Part 2: Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases. 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles ☐ No ☑ Yes Chevrolet Who has an interest in the property? Check one. 3.1. Make: Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Silverado Debtor 1 only Model: Creditors Who Have Claims Secured by Property. Debtor 2 only 2006 Year: Current value of the Current value of the Debtor 1 and Debtor 2 only entire property? portion you own? Approximate mileage: At least one of the debtors and another Other information: 500.00 Check if this is community property (see instructions) If you own or have more than one, describe here: Who has an interest in the property? Check one. 3.2. Make: Do not deduct secured claims or exemptions, Put the amount of any secured claims on Schedule D: Debtor 1 only Model: Creditors Who Have Claims Secured by Property. Debtor 2 only Year: Current value of the Current value of the Debtor 1 and Debtor 2 only entire property? portion you own? Approximate mileage: At least one of the debtors and another Other information: Check if this is community property (see instructions)

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Case number (if known)

Malark

Who has an interest in the property? Check one. Make: Do not deduct secured claims or exemptions, Put 3.3. the amount of any secured claims on Schedule D: Debtor 1 only Model: Creditors Who Have Claims Secured by Property. Debtor 2 only Year: Current value of the Current value of the Debtor 1 and Debtor 2 only entire property? portion you own? Approximate mileage At least one of the debtors and another Other information: Check if this is community property (see instructions) Who has an interest in the property? Check one. Make: Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property. Debtor 1 only Model: Debtor 2 only Year: Current value of the Current value of the Debtor 1 and Debtor 2 only entire property? portion you own? Approximate mileage: At least one of the debtors and another Other information: ☐ Check if this is community property (see instructions) 4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories Z No Yes Who has an interest in the property? Check one. 41 Make: Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Debtor 1 only Creditors Who Have Claims Secured by Property. Debtor 2 only Year: Debtor 1 and Debtor 2 only Current value of the Current value of the Other information: At least one of the debtors and another entire property? portion you own? ☐ Check if this is community property (see instructions) If you own or have more than one, list here: Who has an interest in the property? Check one. Make: Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Debtor 1 only Model: Creditors Who Have Claims Secured by Property. Debtor 2 only Year: Current value of the Current value of the Debtor 1 and Debtor 2 only entire property? portion you own? Other information: At least one of the debtors and another Check if this is community property (see instructions) 5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages 500.00 you have attached for Part 2. Write that number here

Ella

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Debtor 1 Ella M Malark Case number (if known)\_\_\_\_\_

Pa	rt 3:	Describe Your Personal and Household Items		
Do	уоц ом	n or have any legal or equitable interest in any of the following items?	portion y	value of the vou own? duct secured claims ons.
6.	Housel	old goods and furnishings		
	Exampl	es: Major appliances, furniture, linens, china, kitchenware		
	☐ No			
		Describe Furniture, Linens, Chinaware, Kitchenware, Appliances	\$	2,000.00
7	Electro	nice		
		es: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games		
	☐ No			
	☑ Yes	Describe Television set, Cell phones, Computer	\$	1,500.00
8.	Collecti	bles of value		
	Example  No	es: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles		
		Describe	\$	
9. I	Equipm	ent for sports and hobbies		
		es: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments		
	☑ No			
	☐ Yes.	Describe	\$	
10. <b>i</b>	Firearm			
	□ No	s: Pistols, rifles, shotguns, ammunition, and related equipment		
	Yes.	Describe	\$	250.00
11. 0	Clothes			
	Example No	s: Everyday clothes, furs, leather coats, designer wear, shoes, accessories		
İ	🛮 Yes.	Describe Every day clothes	\$	1,000.00
12.	lewelry			
1	Example	s: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver		
	☐ No		_	
[	Yes.	Describe	\$	1,000.00
		n animals s: Dogs, cats, birds, horses		
		s. Dogs, cais, bilds, fibrises		
	☑ No ☐ Yes.	Describe	\$	
14. <b>A</b>	Any oth	er personal and household items you did not already list, including any health aids you did not list		
	<b>⊿</b> No	• • • • • • • • • • • • • • • • • • • •		
		Give specific		
•		nation	\$	
15. 🔏	Add the	dollar value of all of your entries from Part 3, including any entries for pages you have attached	\$	5,750.00
T	or ran	3. Write that number here	1 (=====	

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Debtor 1

First Name

Middle Name

Last Name

Malark

Case number (if known)\_

Do you own or have a	ny legal or equitable interest in	any of the following?	Current value of the portion you own?  Do not deduct secured claims or exemptions.
16, <b>Cash</b> Examples: Money y	ou have in your wallet, in your hor	ne, in a safe deposit box, and on hand when you file yo	ur petition
☑ No			
☐ Yes		Cash	s
	g, savings, or other financial accoι	unts; certificates of deposit; shares in credit unions, bro uultiple accounts with the same institution, list each.	kerage houses,
☐ No ☑ Yes	65	Institution name:	
		institution name.	
	17.1. Checking account:	CapCom FCU	\$1,312.66
	17.2. Checking account:	SEFCU	\$
	17,3. Savings account:	10	
	17.4. Savings account:	g <del>-</del>	\$
	17.5. Certificates of deposit:		\$
	17.6. Other financial account:	2	\$
	17.7, Other financial account:		•
	17.8. Other financial account:		V <del>1</del>
	17.9. Other financial account:		· ·
		¥	<b>\$</b>
Examples: Bond fun		erage firms, money market accounts	
☐ Yes	Institution or issuer name:		
	-		\$
			\$
			<b>\$</b>
	d stock and interests in incorpo p, and joint venture	rated and unincorporated businesses, including an	interest in
an LLC, partnershi	Name of entity:	% of	ownership:
☑ No	-	0%	
<ul><li>✓ No</li><li>☐ Yes. Give specification</li></ul>			
☑ No	t	0% 0% 0%	

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Case number (if known)\_

Malark

Negotiable instruments	orate bonds and other negotiable and non-negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. ents are those you cannot transfer to someone by signing or delivering them.	
✓ No ☐ Yes. Give specific information about them	Issuer name:	\$
		\$ \$
	a <b>ccounts</b> RA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans	
☑ No ☐ Yes. List each account separately.	Type of account: Institution name:	
	401(k) or similar plan:	\$
	Pension plan:	\$
	IRA:	\$
	Retirement account:	\$
	Keogh:	\$
	Additional account:	\$
	Additional account:	\$
Examples: Agreements companies, or others  No	I deposits you have made so that you may continue service or use from a company with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications	
☐ Yes	Institution name or individual:  Electric:	
	Gas:	\$
	Heating oil:	\$
	Security deposit on rental unit:	\$
	Prepaid rent:	\$
	Telephone:	\$
	Water:	\$
	Rented furniture:  Other:	\$
	one.	\$
23. <b>Annuities</b> (A contract for	r a periodic payment of money to you, either for life or for a number of years)	
☐ Yes	Issuer name and description:	
		\$
		\$

Ella

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Case number (if known)\_

Malark

М

24. Interests in an education IRA, in an account in a qualified ABLE pro	ogram, or under a qualified state tuition program.	
26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).		
☑ No		
□ v <sub>oo</sub>		
Institution name and description. Separa	ately file the records of any interests.11 U.S.C. § 521(	c):
		¢
		\$
		\$
		\$
		5.16
25. Trusts, equitable or future interests in property (other than anythin	a listed in line 1) and rights or nowers	
exercisable for your benefit	g nated in line 1), and rights of powers	
☑ No		
NOTIFICATION OF THE PROPERTY O		
Yes. Give specific information about them		\$
mormation about them		
No Protector considerate to describe to decide to the first to the second		
26. Patents, copyrights, trademarks, trade secrets, and other intellectu	• • •	
Examples: Internet domain names, websites, proceeds from royalties at	nd licensing agreements	
☑ No		
☐ Yes. Give specific		
information about them		\$
Yes. Give specific information about them		\$
Money or property owed to you?	, 11	221 V/ D (22-V)
woney or property owed to you?		Current value of the portion you own?
		Do not deduct secured
	4	claims or exemptions.
8. Tax refunds owed to you		
☑ No		
☐ Yes. Give specific information	***	
about them, including whether	Federal:	\$
you already filed the returns	State:	\$
and the tax years	Local:	\$
		·
9. Family support		
Examples: Past due or lump sum alimony, spousal support, child suppo	rt, maintenance, divorce settlement, property settleme	ent
☑ No		
Yes. Give specific information		
•	Alimony:	\$
	Maintenance:	\$
	Support:	\$
	Divorce settlement:	\$
	Property settlement:	\$
<ol> <li>Other amounts someone owes you         Examples: Unpaid wages, disability insurance payments, disability benefits; unpaid loans you made to someone     </li> </ol>	efits, sick pay, vacation pay, workers' compensation, e else	
☑ No		
☐ Yes. Give specific information		
		\$

Ella

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Case number (if known)

Malark

Last Name 31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance ☑ No ☐ Yes. Name the insurance company Company name: Beneficiary: Surrender or refund value: of each policy and list its value. ... 32, Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. ✓ No ☐ Yes. Give specific information..... 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue Yes. Describe each claim..... 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims ✓ No ☐ Yes. Describe each claim..... 35. Any financial assets you did not already list Yes. Give specific information...... 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached 2,062.16 for Part 4. Write that number here Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1. 37. Do you own or have any legal or equitable interest in any business-related property? No. Go to Part 6. Yes. Go to line 38. Current value of the portion you own? Do not deduct secured claims or exemptions. 38. Accounts receivable or commissions you already earned No Yes, Describe.... 39. Office equipment, furnishings, and supplies Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices No Yes. Describe...

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Debtor 1	Ella	M	Malark	t lago -	Case number (if ki	nowa)		
	First Name	Middle Name	ast Name		Cass Halliber (#78			
						12		
	ery, fixtures, e	quipment, supplies y	ou use in business	s, and tools of yo	our trade			
☑ No	-							
☐ Yes.	Describe						\$	
	-			***************************************				
1 Inventor	y							
₩ No								
☐ Yes.	Describe						\$	
	s in partnersh	ips or joint ventures						
✓ No □ yes	Describe							
<b>—</b> 163.	Describe	Name of entity:				% of ownership:		
						%	\$	
						%	\$	
		•				%	<b>\$</b>	
	er lists, mailin	g lists, or other com	pilations					
₩ No	Da waue liata	inaluda navas-allu i		u	44.11.0.0.0.404444			
	No No	include personally id	entifiable informat	ion (as defined in	11 U.S.C. § 101(41A)	17		
	Yes. Desc	ribe						
							\$	
4 4							_	
□ No	iness-related	property you did not	aiready list					
	Give specific	1372 Broadway.	Rensselaer. N	r 12144 - Ren	tal property- Jointly	v owned	•	108,700.00
inforr	mation				I property- Jointly		<b>»</b>	92,900.00
					Rental propery - Jo		\$	61,100.00
					ant Lot - Jointly own		\$	1,200.00
					ant Lot - Jointly ow		\$	1,000.00
		10001110101101	, 110110301001, 11	1 12144 - Vac	ant Lot - Johnly Ov	med	\$	1,000.00
							\$	
					r pages you have atta		\$	264,900.00
tor Part	5. write that r	iumber nere		····		······································		
Part 6:	Describe A	ny Farm- and Comi	nercial Fishing-F	Related Proper	ty You Own or Hav	e an Interest I	n.	
		have an interest in f			.,			
_								
	own or have a So to Part 7.	ny legal or equitable	interest in any farn	n- or commercial	l fishing-related prope	erty?	o.	
	Go to line 47.							
							Current	value of the
								you own?
							Do not de or exemp	duct secured claims tions.
7. Farm ani		_					CED SANTE	0254m74
	s: Livestock, p	oultry, farm-raised fish			(F) of this course	94.8° × °	56	3.31
□ No							-	
■ res								
							\$	

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Case number (if known)\_

Malark

М

F	irst Name Middle Name Last Name			Dase Hullibel (If known)	-
48 Crops—eith	er growing or harvested				
<b>☑</b> No					-
Yes. Giv	e specific on				•
49 Farm and fis	shing equipment, implements, machinery, fixtu	res, and to	ools of trade		
Yes					
					\$
50. Farm and tis	shing supplies, chemicals, and feed				
Yes					
					\$
51 Any tarm- al	nd commercial fishing-related property you did		•		
Yes. Giv	e specific				1
informati	on				\$
52. Add the dol	lar value of all of your entries from Part 6, inclu	ıding anv (	entries for pages	you have attached	
	/rite that number here				\$
Part 7: De	scribe All Property You Own or Have	e an Inte	erest in That	You Did Not List Above	
53. Do you have	other property of any kind you did not alread	y list?			
•	ason tickets, country club membership				
₩ No					•
Yes. Give	e specific on				•
					Ψ
				100	Ψ
54. Add the doll	ar value of all of your entries from Part 7. Write	that num	ber here	<b>→</b>	\$
Part 8: Lis	t the Totals of Each Part of this For	m 			
55 Part 1: Total	real estate, line 2				\$ 535,412.00
56. Part 2: Total	vehicles, line 5	\$	500.00		
57. Part 3: Total	personal and household items, line 15	\$	5,750.00		
58. Part 4: Total	financial assets, line 36	\$	2,062.66		
59: Part 5: Total	business-related property, line 45	\$	264,900.00		
60. Part 6: Total	farm- and fishing-related property, line 52	\$	0.00		
	other property not listed, line 54	<b>_</b>	0.00		
	outer property not ustad, title 54	T\$_		. 3	
62 Total person	al property. Add lines 56 through 61	\$	273,212.66	Copy personal property total	+\$273,212.66
		1			
63: Total of all p	roperty on Schedule A/B. Add line 55 + line 62.				\$808,624.66

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Fill in this in	formation to iden	tify your case:	告告表 沙切丘
Debtor 1	Ella First Name	M Middle Name	Malark
Debtor 2	Timothy	J	Malark
(Spouse, if filing)	First Name	Middle Name	Last Name
United States	Bankruptcy Court for	the: Northern District of	New York
Case number (If known)	-		

#### Official Form 106C

### Schedule C: The Property You Claim as Exempt

04/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1:	Identify the Property	You Claim as Exempt

1.	You are clair	temptions are you claiming? ming state and federal nonbank ming federal exemptions. 11 U	kruptcy exemptions. 11		
2.	For any propert	ty you list on Schedule A/B th	nat you claim as exemp	ot, fill in the information below.	
		on of the property and line on that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
			Copy the value from Schedule A/B	Check only one box for each exemption.	
	Brief description:	Homestead	\$ <u>236,412.00</u>	<b>☑</b> \$ 284,700.00	NY CPLR Section 5206
	Line from Schedule A/B;	1.1		☐ 100% of fair market value, up to any applicable statutory limit  ☐ 100% of fair market value, up to any applicable statutory limit  ☐ 100% of fair market value, up to any applicable statutory limit  ☐ 100% of fair market value, up to any applicable statutory limit  ☐ 100% of fair market value, up to any applicable statutory limit  ☐ 100% of fair market value, up to any applicable statutory limit  ☐ 100% of fair market value, up to any applicable statutory limit  ☐ 100% of fair market value, up to any applicable statutory limit  ☐ 100% of fair market value, up to any applicable statutory limit  ☐ 100% of fair market value, up to any applicable statutory limit  ☐ 100% of fair market value  ☐ 100% of fair market  ☐ 100%	
	Brief description:	Automobile	\$_500.00	<b>2</b> \$ 4,550.00	NY Debtor & Creditor Law Section 282
	Line from Schedule A/B:	3.1		☐ 100% of fair market value, up to any applicable statutory limit	
	Brief description:	Household Goods	\$_2,000.00	<b>2</b> \$ 2,000.00	NY CPLR Section 5205
	Line from Schedule A/B:	6		☐ 100% of fair market value, up to any applicable statutory limit	
3.	(Subject to adjust No		years after that for case	s filed on or after the date of adjustment.  1,215 days before you filed this case?	

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Debtor 1

Ella First Name

М

Malark

Case number (if known)\_

Part 2:	Additional	Page

	on of the property and line L/B that lists this property	nt value of the n you own	Amoun	t of the exemption you claim	Specific laws that allow exemption
		he value from ule A/B	Check o	nly one box for each exemption	
Brief description:	Electronics	\$ 1,500.00	_	1,500.00	NY CPLR Section 5205
Line from Schedule A/B:				% of fair market value, up to applicable statutory limit	
Brief description:	Firearms	\$ 250.00	-	250.00	NY CPLR Section 5205
_ine from S <i>chedule A/B:</i>	10			% of fair market value, up to applicable statutory limit	
Brief description:	Wearing Apparel	\$ 1,000.00	<b>1</b> \$_	1,000.00	NY CPLR Section 5205
ine from Schedule A/B:	_11			% of fair market value, up to applicable statutory limit	<u></u>
Brief description:	Jewelry	\$ 1,000.00	<b>1</b> \$_	1,000.00	NY CPLR Section 5205
ine from Schedule A/B:				% of fair market value, up to applicable statutory limit	
Brief description:		\$ 			
Line from Schedule A/B:				% of fair market value, up to applicable statutory limit	
Brief description:		\$			
_ine from Schedule A/B:				% of fair market value, up to applicable statutory limit	
Brief description:	<del></del>	\$ 		<del></del>	
Line from Schedule A/B:	3 <del></del>			% of fair market value, up to applicable statutory limit	
Brief description:		\$ <del>,</del>			
Line from Schedule A/B:				% of fair market value, up to applicable statutory limit	
Brief description:		\$	□ s		
Line from Schedule A/B:				% of fair market value, up to applicable statutory limit	
Brief description:		\$ 			
_ine from Schedule A/B:				% of fair market value, up to applicable statutory limit	
Brief description:	<del></del>	\$ 9			
ine from Schedule A/B;				% of fair market value, up to applicable statutory limit	-
Brief description:		\$ 	<b>□</b> \$		
Line from Schedule A/B:				% of fair market value, up to applicable statutory limit	

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Fill in this information to identify your case:						
Debtor 1	Ella	M	Malark			
	First Name	Middle Name	Last Name			
Debtor 2	Timothy	J	Malark			
(Spouse, if filing)	First Name	Middle Name	Last Name			
United States Bankruptcy Court for the: Northern District of New York  Case number  (If known)						

Check if this is an amended filing

### Official Form 106D

### Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1.	Do any	creditors	have	claims	secured	by your	property?
----	--------	-----------	------	--------	---------	---------	-----------

- ☐ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
- Yes. Fill in all of the information below.

Creditor's Name POB 422039 Number Street  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed  Who owes the debt? Check one.  Debtor 1 only Debtor 2 only An agreement you made (such as mortgage or secured car loan) At least one of the debtors and another Check if this claim relates to a community debt  Date debt was incurred  1681 Helderberg Trail, Berne, NY 12023  As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed  Nature of lien. Check all that apply.  An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit Other (including a right to offset)  Last 4 digits of account number 2 8 8 4	for each claim. If more than one creditor h	nore than one secured claim, list the creditor separately as a particular claim, list the other creditors in Part 2. nabetical order according to the creditor's name.	Column A  Amount of claim  Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
As of the date you file, the claim is: Check all that apply.   Contingent   Unliquidated   Disputed	Selene Finance LP	Describe the property that secures the claim:	\$ 100,000.00	\$ 236,412.00	\$0.00
Houston TX 77242  City State ZiP Code  Who owes the debt? Check one.  Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt  Date debt was incurred  Last 4 digits of account number 2 8 8 4  Last 4 digits of account number 2 8 8 4  Describe the property that secures the claim: \$ 69,000.00 \$ 240,968.00 \$ 0.00  Tempe AZ 85284 City State ZiP Code  Who owes the debt? Check one. Debtor 1 only Debtor 1 only Debtor 2 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 1 and Debtor 2 only At least one of the debtors and another Debtor 1 and Debtor 2 only At least one of the debtor 3 and another Check if this claim relates to a community debt  Check if this claim relates to a community debt  Check if this claim relates to a community debt  Check if this claim relates to a community debt  Check if this claim relates to a community debt  Check if this claim relates to a community debt  Check if this claim relates to a community debt  Check if this claim relates to a community debt	POB 422039	1681 Helderberg Trail, Berne, NY 12023			
Who owes the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt  Date debt was incurred  Last 4 digits of account number 2 8 8 4  Describe the property that secures the claim:  Tempe AZ 85284 City State ZIP Code  Who owes the debt? Check one. Debtor 1 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Ocheck if this claim relates to a community debt  Check if this claim relates to a community debt  Check if this claim relates to a community debt		Contingent Unliquidated	et .		
Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Date debt was incurred Last 4 digits of account number 2 8 8 4  Describe the property that secures the claim: \$ 69,000.00 \$ 240,968.00 \$ 0.00  Tempe AZ 85284 City State ZIP Code Who owes the debt? Check one. Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt  Check if this claim relates to a community debt  Check if this claim relates to a community debt  Check if this claim relates to a community debt  Check if this claim relates to a community debt	Who owes the debt? Check one				
Check if this claim relates to a community debt  Date debt was incurred  Last 4 digits of account number 2 8 8 4  Last 4 digits of account number 2 8 8 4  Last 4 digits of account number 2 8 8 4  Last 4 digits of account number 2 8 8 4  Describe the property that secures the claim: \$ 69,000.00 \$ 240,968.00 \$ 0.00  Teditor's Name POB 15009 Number Street  As of the date you file, the claim is: Check all that apply.  Contingent City State ZIP Code  Who owes the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt  Check if this claim relates to a community debt	Debtor 1 only Debtor 2 only	An agreement you made (such as mortgage or secured car loan)	$\kappa$		
Describe the property that secures the claim:    Creditor's Name	☐ Check if this claim relates to a		2 60		
Diffection bescribe the property that secures the claim:    Creditor's Name		Last 4 digits of account number 2 8 8 4			
POB 15009 Number Street  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed  Who owes the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Check if this claim relates to a community debt  1679 Helderberg Trail, Berne, NY 12023  As of the date you file, the claim is: Check all that apply.  Unliquidated Disputed  Nature of lien. Check all that apply.  An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit Other (including a right to offset)  Other (including a right to offset)	<sup>.2]</sup> Ditech	Describe the property that secures the claim:	\$69,000.00	\$ 240,968.00	s0.00
Tempe AZ 85284 City State ZIP Code Disputed  Who owes the debt? Check one.  Debtor 1 only An agreement you made (such as mortgage or secured car loan) Debtor 2 only Statutory lien (such as tax lien, mechanic's lien) At least one of the debtors and another  Check if this claim relates to a community debt  Contingent Unliquidated Disputed  Nature of lien. Check all that apply.  An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien) Other (including a right to offset)  Other (including a right to offset)	POB 15009	1679 Helderberg Trail, Berne, NY 12023	2		
Who owes the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Check if this claim relates to a community debt  Nature of lien. Check all that apply.  An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien)  Other (including a right to offset)  Other (including a right to offset)		☐ Contingent ☐ Unliquidated			591
Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Check if this claim relates to a community debt  Check if this claim relates to a	•	☐ Disputed			
Debtor 2 only  Debtor 1 and Debtor 2 only  At least one of the debtors and another  Check if this claim relates to a community debt  At least one of the debtors and another	_				
☐ At least one of the debtors and another ☐ Check if this claim relates to a community debt ☐ Under (including a right to offset)	Debtor 2 only	car loan)			
	<ul><li>□ At least one of the debtors and another</li><li>□ Check if this claim relates to a</li></ul>	☐ Judgment lien from a lawsuit			'ewla <sup>l</sup> a 'a 'a
	-	Last 4 digits of account number 5 9 9 0			

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Debtor 1	Ella		M	Malark	Case num	nber (if)	onown)			
	First Name	Middle Name		Last Name			2012-2013			
Part 1:	Additional P After listing as by 2.4, and so	ny entries on th	nis p	age, number them beginning w	ith 2.3, followed	Do no	mn A unt of claim of deduct the of collateral.	Valu	mn B ue of collateral supports this m	Column C Unsecured portion If any
-	Financial Ser	vices		Describe the property that secur	es the claim:	\$	77,038.54	\$	108,700.00	
314 Numbe	-	treet, 2nd FI		1372 Broadway, Renssela	ner, NY 12144					
PO	B 517			As of the date you file, the claim	is: Check all that apply.	-1				
	ısville	PA 1535		Contingent						
City		State ZIP Code	9	☐ Unliquidated☐ Disputed☐						
Who o	wes the debt? Che	ck one		Nature of lien. Check all that apply.						
	otor 1 only otor 2 only			An agreement you made (such a car loan)	s mortgage or secured					
	otor 1 and Debtor 2 o	only		Statutory lien (such as tax lien, n	nechanic's lien)					
☐ At le	east one of the debt	ors and another		☐ Judgment lien from a lawsuit☐ Other (including a right to offset)						
	eck if this claim re	elates to a		Other (including a right to offset)	-					
	ebt was incurred			Last 4 digits of account number	7 2 2 8					
2.4 <sub>BSI</sub>	Cinemaial Com	daaa					81,705.96	TIME.	58,032.00 s	22 672 06
	Financial Ser	vices	-	Describe the property that secu	es the claim:	\$	01,700.30	\$	30,032.00	23,073.90
314 Numbe	S. Franklin S	treet, 2nd FI		1554 First Street, Renssel	aer, NY 12144					
POI	B 517			As of the date you file, the claim	is: Check all that apply.					
Titu	sville	PA 1535	4	☐ Contingent☐ Unliquidated						
City		State ZIP Code	-	☐ Disputed						
_	wes the debt? Che	ck one.		Nature of lien. Check all that apply.						
_	otor 1 only otor 2 only			An agreement you made (such a	s mortgage or secured					
	otor 2 only otor 1 and Debtor 2 o	only		car loan)  Statutory lien (such as tax lien, n	nechanic's lien)					
_	east one of the debte			Judgment lien from a lawsuit	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
	eck if this claim re nmunity debt	lates to a		Other (including a right to offset)	·	=				
Date de	ebt was incurred			Last 4 digits of account number						
2.4				Describe the property that secur	es the claim:	\$		\$	\$	
Credito	or's Name					ĺ				1)
Numbe	er Street		_							
-				As of the date you file, the claim	is: Check all that apply.					
City		State ZIP Code	_	☐ Contingent☐ Unliquidated						
0.0		Otata Eli Odao		Disputed						
	wes the debt? Che	ck one.		Nature of lien. Check all that apply.						
	otor 1 only			An agreement you made (such a	s mortgage or secured					
	otor 2 only otor 1 and Debtor 2 o	nlv		car loan)  Statutory lien (such as tax lien, m	nechanic's lien)					
_	east one of the debto			Judgment lien from a lawsuit						
	eck if this claim re mmunity debt	lates to a		Other (including a right to offset)	<del>2</del>	=			5	
Date de	ebt was incurred			Last 4 digits of account number	7 2 1 5					
				in Column A on this page. Writ		\$	158,744.50			
	f this is the last p		rm,	add the dollar value totals from	all pages.	\$	327,744.50		C.	

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Ella Malark Debtor 1 Case number (if known) Part 2: List Others to Be Notified for a Debt That You Already Listed Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page. On which line in Part 1 did you enter the creditor? \_ Last 4 digits of account number \_\_\_ \_\_ \_\_ \_\_ Name Number Street City ZIP Code State On which line in Part 1 did you enter the creditor? \_ Name Last 4 digits of account number \_\_\_ \_ Number Street City ZIP Code State On which line in Part 1 did you enter the creditor? \_\_\_\_ Name Last 4 digits of account number \_\_\_\_ \_\_\_ Number Street City ZIP Code State On which line in Part 1 did you enter the creditor? \_\_\_\_\_ Last 4 digits of account number 2 8 8 4 Name Number Street City State ZIP Code On which line in Part 1 did you enter the creditor? Name Last 4 digits of account number \_\_\_ \_ Number Street City State ZIP Code On which line in Part 1 did you enter the creditor? Name Last 4 digits of account number \_\_\_\_\_ Number Street City State ZIP Code

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Fill in this in	nformation to iden	tify your case:	
Debtor 1	Ella	М	Malark
Dobto, ,	First Name	Middle Name	Last Name
Debtor 2	Timothy	J	Malark
(Spouse, if filing)	) First Name	Middle Name	Last Name
United States	Bankruptev Court for t	the: Northern District o	f Now York
Office Otates	bankruptcy Court for	ine. Northern District o	INGW TOIK
Case number			

#### Official Form 106E/F

### Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecure				
<ol> <li>Do any creditors have priority unsecured claims         <ul> <li>No. Go to Part 2.</li> <li>Yes.</li> </ul> </li> <li>List all of your priority unsecured claims. If a creach claim listed, identify what type of claim it is. If nonpriority amounts. As much as possible, list the complex properties of the complex properties.</li> </ol>	reditor has more than one priority unsecured claim, list the a claim has both priority and nonpriority amounts, list the claims in alphabetical order according to the creditor's natural Part 1. If more than one creditor holds a particular claim	at claim here and ame. If you have , list the other cr	d show both p more than tw editors in Par	oriority and no priority t 3.
		Total claim	Priority amount	Nonpriority amount
Rensselaer County Treasurer Office Priority Creditor's Name 1600 7th Avenue Number Street	Last 4 digits of account number	\$ <u>40,000.00</u>	\$	\$
Troy  City  State  ZIP Code  Who incurred the debt? Check one.  Debtor 1 only  Debtor 2 only  Debtor 1 and Debtor 2 only  At least one of the debtors and another  Check if this claim is for a community debt	As of the date you file, the claim is: Check all that apply Contingent Unliquidated Disputed  Type of PRIORITY unsecured claim: Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated			
Is the claim subject to offset?  No Yes	Other. Specify	• -		
2.2 Schoharie County Treasurer's Office Priority Creditor's Name POB 9 Number Street	Last 4 digits of account number		\$	\$
Schoharie  NY 12157  City  State  ZIP Code  Who incurred the debt? Check one.  Debtor 1 only  Debtor 2 only  Debtor 1 and Debtor 2 only  At least one of the debtors and another	□ Contingent □ Unliquidated □ Disputed  Type of PRIORITY unsecured claim: □ Domestic support obligations □ Taxes and certain other debts you owe the government	n Ne a a	E.	
☐ Check if this claim is for a community debt  Is the claim subject to offset? ☐ No ☐ Yes	<ul> <li>□ Claims for death or personal injury while you were intoxicated</li> <li>□ Other. Specify</li></ul>	*.		

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Part			Tatal	Date de	Management
Atter	listing any entries on this page, number them	beginning with 2.3, followed by 2.4, and so forth.	Total claim	Priority amount	Nonpriority amount
		Last 4 digits of account number	\$	\$	\$
1	Priority Creditor's Name				
- 1		When was the debt incurred?			
.9	Number Street				
5		As of the date you file, the claim is: Check all that apply.			
		☐ Contingent			
(	City State ZIP Code	☐ Unliquidated			
		☐ Disputed			
1	Who incurred the debt? Check one.				
	Debtor 1 only	Type of PRIORITY unsecured claim:			
	Debtor 2 only	☐ Domestic support obligations			
	Debtor 1 and Debtor 2 only	Taxes and certain other debts you owe the government			
	At least one of the debtors and another	Claims for death or personal injury while you were			
		intoxicated			
	☐ Check if this claim is for a community debt	Other. Specify			
	Is the claim subject to offset?				
	No				
	□ No □ Yes				
		Last A digita of appault number	\$	\$	\$
Ť	Priority Creditor's Name	Last 4 digits of account number	Ψ	_ Ψ	_ Ψ
		When was the debt incurred?			
ī	Number Street	When was the dept incurred:			
		As of the date you file, the claim is: Check all that apply.			
		Contingent			
(	City State ZIP Code	Unliquidated			
		☐ Disputed			
	Who incurred the debt? Check one,				
	Debtor 1 only	Type of PRIORITY unsecured claim:			
	Debtor 2 only	☐ Domestic support obligations			
	Debtor 1 and Debtor 2 only	Taxes and certain other debts you owe the government			
- 1	At least one of the debtors and another	Claims for death or personal injury while you were			
	☐ Check if this claim is for a community debt	intoxicated			
'	Check it this claim is for a community debt	Other. Specify			
1	s the claim subject to offset?				
-	□ No				
	⊒ Yes				
—		Last 4 digits of account number	\$	. \$	\$
F	Priority Creditor's Name				
3	Number Street	When was the debt incurred?			
	valuper Street				
(4		As of the date you file, the claim is: Check all that apply.			
		Contingent			
÷	City State ZIP Code	☐ Unliquidated			
		☐ Disputed			
1	Who incurred the debt? Check one.				
[	Debtor 1 only	Type of PRIORITY unsecured claim:			
Į	Debtor 2 only	D. Domostic support obligations			
	Debtor 1 and Debtor 2 only	Domestic support obligations			
	At least one of the debtors and another	Taxes and certain other debts you owe the government			
		☐ Claims for death or personal injury while you were intoxicated			=
l	☐ Check if this claim is for a community debt	Other. Specify			
		— Suici. Specify			
	s the claim subject to offset?				
	No No				
1	☐ Yes				

Case 20-10225-1-rel Doc 1 Filed 02/12/20 Entered 02/12/20 15:56:38 Desc Main Page 25 of 59 Document Debtor 1 Part 2: **List All of Your NONPRIORITY Unsecured Claims** 3. Do any creditors have nonpriority unsecured claims against you? No. You have nothing to report in this part. Submit this form to the court with your other schedules. 4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2. Total claim Sallie Mae Last 4 digits of account number \_\_\_\_ \_\_\_ 14,000.00 Nonpriority Creditor's Name When was the debt incurred? 11100 USA Parkway Number **Fishers** IN 45037 As of the date you file, the claim is: Check all that apply. ZIP Code Contingent Who incurred the debt? Check one. ☐ Unliquidated ☐ Disputed Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans Obligations arising out of a separation agreement or divorce Check if this claim is for a community debt that you did not report as priority claims Is the claim subject to offset? Debts to pension or profit-sharing plans, and other similar debts ☐ No Other. Specify ☐ Yes 22,000.00 Last 4 digits of account number \_\_\_ \_\_ Sallie Mae Nonpriority Creditor's Name When was the debt incurred? 11100 USA Parkway Number As of the date you file, the claim is: Check all that apply. **Fishers** IN 45037 ☐ Contingent Unliquidated Who incurred the debt? Check one. Disputed Debtor 1 only Debtor 2 only Type of NONPRIORITY unsecured claim: Debtor 1 and Debtor 2 only At least one of the debtors and another ☐ Student loans Obligations arising out of a separation agreement or divorce ☐ Check if this claim is for a community debt that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Is the claim subject to offset? Other. Specify\_ ☐ No ☐ Yes Last 4 digits of account number \_\_\_\_ \_\_\_ Nonpriority Creditor's Name When was the debt incurred? Number As of the date you file, the claim is: Check all that apply. City State ZIP Code Contingent Who incurred the debt? Check one. ☐ Unliquidated Debtor 1 only ☐ Disputed Debtor 2 only Debtor 1 and Debtor 2 only

☐ No

☐ Yes

At least one of the debtors and another

Is the claim subject to offset?

☐ Check if this claim is for a community debt

☐ Student loans

Other, Specify\_

Type of NONPRIORITY unsecured claim:

that you did not report as priority claims

Obligations arising out of a separation agreement or divorce

lacktriangledown Debts to pension or profit-sharing plans, and other similar debts

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Part 2: Your NONPRIORITY Unsecured Claims — Continuation Page

listing any entries on this page, number them beginning w	ith 4.4, followed by 4.5, and so forth.	Total c
	Last 4 digits of account number	\$
Nonpriority Creditor's Name	When was the debt incurred?	
Number Street	As of the date you file, the claim is: Check all that apply.	
City State ZIP Code	Contingent	
Who incurred the debt? Check one.	☐ Unliquidated☐ Disputed	
Debtor 1 only	☐ Disputed	
Debtor 2 only	Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only		
At least one of the debtors and another	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that	
☐ Check if this claim is for a community debt	you did not report as priority claims	
•	Debts to pension or profit-sharing plans, and other similar debts	
s the claim subject to offset?	Other. Specify	
☑ No ☑ Yes		
The state of the s	Last 4 digits of account number	\$
Nonpriority Creditor's Name	When was the debt incurred?	
Shumban	when was the dept incurred:	
Number Street	As of the date you file, the claim is: Check all that apply.	
City State ZIP Code	Contingent	
	Unliquidated	
Who incurred the debt? Check one.	☐ Disputed	
Debtor 1 only		
Debtor 2 only	Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only	☐ Student loans	
At least one of the debtors and another	Obligations arising out of a separation agreement or divorce that	
Check if this claim is for a community debt	you did not report as priority claims	
s the claim subject to offset?	Debts to pension or profit-sharing plans, and other similar debts	
o die oddini sasject to onset:  □ No	Other, Specify	
Yes		
	Last 4 digits of account number	\$
Ionpriority Creditor's Name	When was the debt incurred?	
lumber Street	As of the date you file, the claim is: Check all that apply	
Sity State ZIP Code	Contingent	
	Unliquidated	
Vho incurred the debt? Check one.	Disputed	
Debtor 1 only		
Debtor 2 only	Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only	☐ Student loans	
At least one of the debtors and another	Obligations arising out of a separation agreement or divorce that	
Check if this claim is for a community debt	you did not report as priority claims	
s the claim subject to offset?	Debts to pension or profit-sharing plans, and other similar debts	
No	Other Specify	
■ INO		

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Case number (if known)

Debtor 1

#### Part 3: List Others to Be Notified About a Debt That You Already Listed

				On which entry in Part 1 or Part 2 did you list the original creditor?
Name				_
Number	Street			Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
vumber.	Street			☐ Part 2: Creditors with Nonpriority Unsecured Clai
				Last 4 digits of account number
City		State	ZIP Code	
Vame				On which entry in Part 1 or Part 2 did you list the original creditor?
vanie				Line of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
Number	Street			☐ Part 2: Creditors with Nonpriority Unsecured
				Claims
City		State	ZIP Code	Last 4 digits of account number
				On which ontry in Bort 1 or Bort 2 did you liet the original gradies?
Vame				On which entry in Part 1 or Part 2 did you list the original creditor?
				Line of (Check one):  Part 1: Creditors with Priority Unsecured Claims
Number	Street			Part 2: Creditors with Nonpriority Unsecured Claims
City		State	ZIP Code	Last 4 digits of account number
Name				On which entry in Part 1 or Part 2 did you list the original creditor?
vairie				Line of (Check one):  Part 1: Creditors with Priority Unsecured Claims
Number	Street			☐ Part 2: Creditors with Nonpriority Unsecured
				Claims
City		State	ZłP Code	Last 4 digits of account number
				On which cate is Bort 4 or Bort 9 did you list the calcing a surface
lame				On which entry in Part 1 or Part 2 did you list the original creditor?
				Line of (Check one):  Part 1: Creditors with Priority Unsecured Claims
Number	Street			Part 2: Creditors with Nonpriority Unsecured Claims
City		State	ZIP Code	Last 4 digits of account number
law.				On which entry in Part 1 or Part 2 did you list the original creditor?
lame				Line of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
lumber	Street			Part 2: Creditors with Nonpriority Unsecured
				Claims
City		State	ZIP Code	Last 4 digits of account number
		State	ZIF Code	On which output in Book 4 or Book 5 days at 12 days 12
lame				On which entry in Part 1 or Part 2 did you list the original creditor?
				Line of (Check one):  Part 1: Creditors with Priority Unsecured Claims
Jumber	Street			
Number	Street			Part 2: Creditors with Nonpriority Unsecured Claims

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Debtor 1

Part 4:

#### Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

			Total claim	
Total claims	6a. Domestic support obligations	6a.	\$	0.00
from Part 1	6b. Taxes and certain other debts you owe the government	6b.	\$	80,000.00
	6c. Claims for death or personal injury while you were intoxicated	6c.	\$	0.00
	6d. <b>Other.</b> Add all other priority unsecured claims. Write that amount here.	6d.	+	0.00
	6e. <b>Total.</b> Add lines 6a through 6d.	6e.	\$	80,000.00
			Total claim	
Total claims	6f. Student loans	6f.	\$	36,000.00
from Part 2	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$	0.00
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h.	\$	0.00
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	+ \$	0.00
	6j. <b>Total.</b> Add lines 6f through 6i.	6j.	\$	36,000.00

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Fill in this in  Debtor  Debtor 2 (Spouse If filing)  United States	Ella	M	Malark
	First Name	Middle Name	Last Name
Debtor 2 Spouse If filing)	First Name	Middle Name	Last Name
ited States	Bankruptcy Court fo	r the: Northern District of	New York

☐ Check if this is an amended filing

#### Official Form 106G

### Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Property (Official Form 106A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for
  example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and
  unexpired leases.

Perso	on or c	ompany with whom y	ou have the contract or lease	State what the contract or lease is for
2.1				
Name	e			<del>-</del>
Numb	ber	Street		<del>-</del> -
City		State	e ZIP Code	
2.2 Name				_ II K
				_
Numb	ber	Street		
City 2.3		State	e ZIP Code	
Name	e			_
Numb	ber	Street		-
City		State	zIP Code	
4				4
Name	е			
Numb	ber	Street		
City		State	ziP Code	
2.5 Name	e			
Numb		Street		
				_
City		State	e ZIP Code	

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Ella Malark M Debtor 1 Case number (if kn Additional Page if You Have More Contracts or Leases Person or company with whom you have the contract or lease What the contract or lease is for 22 Name Number Street City State ZIP Code 2.\_ Name Number Street City State ZIP Code

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Fill in this in	formation to iden	tify your case:		
Debtor 1	Ella	M	Malark	
	First Name	Middle Name	Last Name	
Debtor 2	Timothy	J	Malark	
(Spouse, if filing)	First Name	Middle Name	Last Name	
United States	Sankruptcy Court for t	he: Northern District of	New York	
Case number (If known)				

☐ Check if this is an amended filing

### Official Form 106H

#### **Schedule H: Your Codebtors**

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1.	Do you have any code ☑ No	btors? (If you are filing a joint case, do n	ot list either spouse as	a codebtor.)	
	☐ Yes				
		s, have you lived in a community prope ho, Louisiana, Nevada, New Mexico, Pue		(Community property states and territories incington, and Wisconsin.)	lude
	No. Go to line 3.		•		
		se, former spouse, or legal equivalent live	with you at the time?		
ĺ	□ No	, remain epocos, er negar e qui carenti me			
			,	Fill in the name and current address of that per	
	Tes. III WIIICII C	ominionity state of territory did you live?		rin in the name and current address of that per	son.
	Name of your spous	e, former spouse, or legal equivalent			
-	Number Stre	eel			
ĺ					
	City	State	ZIP Code		
				f your spouse is filing with you. List the pe	rson
				Make sure you have listed the creditor on	
		orm 106D), S <i>chedule E/F</i> (Official Form Edule G to fill out Column 2.	1 106E/F), or Schedule	e G (Official Form 106G). Use Schedule D,	
	ochedule E/I , or oche	dule G to hii out column 2.			
	Column 1: Your code	btor		Column 2: The creditor to whom you o	we the debt
				Check all schedules that apply:	
3.1				Schedule D, line	
ŀ	Name				
				Schedule E/F, line	
	Number Street			☐ Schedule G, line	
	City	State	ZIP Code		
3.2		TANKS			***
3.2	·			Schedule D, line	5)
	Name			Schedule E/F, line	
	Number Street			Schedule G, line	
				Scriedule G, line	
	City	State	ZIP Code		
3.3			Ti.	e 4:	
	Name			Schedule D, line	
	· vario			Schedule E/F, line	
	Number Street			Schedule G, line	
	8				
	City	State	ZIP Code		

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Debto	or 1	Ella First Name Middle Nam	M Last Name	Malark	Case number (if known)
		Additional Page to	List More Codeb	tors	
		1: Your codebtor			Column 2: The creditor to whom you owe the debt
					Check all schedules that apply:
3					
	Name				□ Schedule E/F, line
	Number	Street			Schedule G, line
	Cit.		A 1/1/2		
3	City		State	ZIP Co	ode:
	Name				Schedule D, line
					☐ Schedule E/F, line
	Number	Street		3	Schedule G, line
	City		State	ZIP Co	ode
3					
	Name				Schedule D, line
					Schedule E/F, line
	Number	Street			Schedule G, line
	City		State	ZIP Co	ode
3					Schedule D, line
	Name				Schedule E/F, line
	Number	Street			Schedule G, line
3	City		State	ZIP Co	de
	Name				Schedule D, line
					☐ Schedule E/F, line
	Number	Street			Schedule G, line
	City		State	ZIP Co	ode .
1					
	Name				Schedule D, line
					□ Schedule E/F, line
	Number	Street			Schedule G, line
_	City		State	ZIP Co	de
-					
-	Name				Schedule D, line
			¥======		Schedule E/F, line
	Number	Street			Schedule G, line :
	City		State	ZIP Co	de
					Cohodula D. lie-
	Name				Schedule D, line  ☐ Schedule E/F, line
	Marcolo	Chrock			Schedule E/F, line
	Number	Street			Golledule G, IIIIe
	City		State	7ID Co	de

Ella

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Debtor 1 Final Note Note Not	Fill in this	information to identify	your case:								
Trail formation   Trail form	Debtor 1	Ella	M								
Check if this is:   Check if this is:   An amended filing   A supplement showing postposition chapter 13 income as of the following date:   NM / DD / YYYY						•					
Chack if this is:  Chack if this is:  An amended filing A supplement showing postpetition chapter 13 income as of the following date:  NM / DD / YYYY  12/15  Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If more space, if more space, stach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.  Part 1:  Debtor 2 or non-filing spouse  Employment  Information.  If you have more than one job, attach a separate page with employers.  Include part-time, seasonal, or self-employed work.  Occupation Part 1 Debtor 2 or non-filing spouse  Employer's address  Employer's address  Employer's address  Employer's address  Employer's address  Number Street  Number Street  Number Street  Part 2 Give Details About Monthly Income  Estimate monthly income as of the date you file this form. If you have nothing to report for any line, wrile \$0 in the space, include your non-filing spouse unless you are separated.  If you no your non-filing spouse have more than one employer, combine the information for all employers for that porson on the lines below. If you need monthly, calculate what the monthly wage would be.  2. Sound sound is non-filing spouse.  For Debtor 1 For Debtor 2 or non-filing spouse in the monthly years wages, salary, and commissions (before all payor)  deductions). If not paid monthly, calculate what the monthly wage would be.  2. Sound soun						-<					
Official Form 106  Schedule I: Your Income  Be as complete and accurate as possible, if two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for suspipling correct information. If you are married and not filing jointly, and your spouse, is living with you, include information about your spouse, if you are separated and your apouse is not filing with you, do not include information about your spouse. If you are separated shed to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.  Part 1:  Describe Employment  1. Fill in your employment Information If you have more than one job, station a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.  Part 2:  Employer and Employed  Include part-lime, seasonal, or self-employed work.  Occupation may include student or homemaker, if it applies.  Employer's name  Employer's name  Employer's address  Number Street  Retired  Retired  Retired  Retired  Retired  Retired  Retired  Part 2:  Give Details About Monthly Income  Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space, include your non-filing spouse have none than one employer, combine the information for all employers for that parson on the lines below. If you re your non-filing spouse have more than one employer, combine the information for all employers for that parson on the lines below. If you need more space, attach a separate sheet to this form.  For Debtor 1 For Debtor 2 or non-filing spouse  2. List monthly gross wege, salary, and commissions (before all payroll deductions), If not paid monthly, calculate what the monthly wage would be.  2. Sound	United States	s Bankruptcy Court for the:	Northern District of New Y	ork (							
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Official Form 106   Schedule I: Your Income  12/15  Be as complete and accurate as possible. If two married people are filling together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filling Jointly, and your spouse is living with you, include information about your spouse separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.  Part 1:  Describe Employment  1. Fill In your employment information.  If you have more than one job, state a separate apage with information about additional employers.  Include part-time, seasonal, or self-employed work.  Cocupation may include student or homemaker, if it applies.  Employer's name  Employer's name  Employer's address  Funds:  City State ZIP Code City State ZIP Code  How long employed there?  Part 2:  Give Details About Monthly Income  Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.  If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.  For Debtor 1 For Debtor 2 for non-filing spouse  2. List monthly gross wages, salary, and commissions (before all payroli deductions), if not paid monthly, calculate what the monthly wage would be.  2. § 0.00 \$ 0.00.  3. Estimate and list monthly overtime pay.	(If known)			55					1		
Schedule I: Your Income  Be as complete and accurate as possible. If we married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.  Part 1:  Describe Employment  1. Fill In your employment information.  If you have more than one job, attach a separate bage with information about additional employers.  If you have more than one job, attach a separate bage with information about additional employers.  Include part-time, seasonal, or self-employed work.  Occupation  Occupation  Occupation  Occupation  Occupation  Occupation may include student or homemaker, if it applies.  Employer's address  Number Street  Number Street  Number Street  Number Street  Number Street  Part 2:  Give Details About Monthly Income  Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space, include your non-filing spouse unless you are separated.  If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.  For Debtor 1  For Debtor 2 or non-filing spouse.  2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.  2. Sound \$0.00 \$\circ 0.00	n e						A supple	ment sho	owing post		apter 13
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supplying correct information. If you are married and not filling jointly, and your spouse is Illving with you, include information about your spouse. In ording with you, or not include information about your spouse. If you are sparated and your spouse is not filling with you, or not include information about your spouse. If you have more than one job, attach a separate page with information about additional pages, write your name and case number (if known). Answer every question.  Part 1: Describe Employment  1. Fill in your employment  Information.  If you have more than one job, attach a separate page with information about additional employers.  Include part-time, seasonal, or self-employed work.  Occupation Applies.  City State ZiP Code  How long employed there?  Part 2: Give Details About Monthly Income  Employer's name  Employer's address  Number Street  Number Street  Number Street  Number Street  For Debtor 1 person on the lines below. If you need more space, attach a separate sheet to this form.  For Debtor 1 For Debtor 2 or non-filling spouse  2. List monthly gross wages, salary, and commissions (before all payroll deductions), if not paid monthly, calculate what the monthly wage would be.  2	-	1000									
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attach a separate page with information about additional employers.  Include part-time, seasonal, or self-employed work.  Occupation may include student or homemaker, if it applies.  Employer's name  Employer's name  Employer's address  Number Street  Number Street  City State ZIP Code  City State ZIP Code  How long employed there?  Part 2: Give Details About Monthly Income  Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.  For Debtor 1 For Debtor 2 or non-filing spouse  2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. 2. \$ 0.00 \$ 0.00  3. Estimate and list monthly overtime pay.  3. +\$ 0.00 + \$ 0.00				Debtor 1				Debtor	2 or non-fi	iling spous	е
Include part-time, seasonal, or self-employed work.  Occupation may include student or homemaker, if it applies.    City   State   ZiP Code   City   State   ZiP Code											
Include part-time, seasonal, or self-employed work.  Occupation May include student or homemaker, if it applies.  Employer's name  Employer's address  Number Street  Number Street  Number Street  Number Street  City State ZIP Code  How long employed there?  Part 2: Give Details About Monthly Income  Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filling spouse unless you are separated. If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.  For Debtor 1 For Debtor 2 or non-filing spouse  2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.  2. § 0.00 \$ 0.00  3. Estimate and list monthly overtime pay.  3. +\$ 0.00 +\$ 0.00	information	on about additional	Employment status								
Self-employed work.  Occupation may include student or homemaker, if it applies.  Employer's name  Employer's address  Number Street				₩ Not employ	/ed			<b>₩</b> Not	employed		
City State ZIP Code  Employer's address    City   State   ZIP Code   City   State   ZIP Code				Retired				Dotirod			
Employer's address    Number   Street   Number   Street			Occupation	Retired				Kelirea			
Number Street   Number Stree			Employer's name								
City State ZIP Code  How long employed there?    Give Details About Monthly Income   City   State ZIP Code			Employer's address								
How long employed there?    Part 2: Give Details About Monthly Income				Number Street				Number	Street		
How long employed there?    Part 2: Give Details About Monthly Income			~	7							=======================================
How long employed there?    Part 2: Give Details About Monthly Income				::							
How long employed there?    Part 2: Give Details About Monthly Income	1			City	Ctata	71D C1-		O't.		C+-+- 7ID	0-1-
Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.  If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.  For Debtor 1  For Debtor 2 or non-filing spouse  2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.  3. Estimate and list monthly overtime pay.  3. +\$ 0.00	l I				State	ZIP Code	9	City		State ZIP	Code
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If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.  For Debtor 1  For Debtor 2 or non-filing spouse  2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.  2. \$\frac{0.00}{3.000} \\$ \frac{0.00}{3.000} \\$ \frac{0.00}{	Estimate	monthly income as of	the date you file this for	m. If you have noth	ning to re	eport for an	ny line, write	\$0 in the	space. Incl	ude your no	n-filing
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.  3. Estimate and list monthly overtime pay.  For Debtor 1  For Debtor 2 or non-filling spouse  2. \$ 0.00 \$ 0.00  3. +\$ 0.00 + \$ 0.00	If you or y	your non-filing spouse ha	eve more than one employ		ormation	n for all em	ployers for	that perso	n on the line	es	
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.  2. \$ 0.00 \$ 0.00  3. Estimate and list monthly overtime pay.  3. +\$ 0.00 + \$ 0.00	25,000	,				For Del	otor 1				
3. Estimate and list monthly overtime pay.  3. +\$					2						
	aeauctio	ons). II not paid monthly,	calculate what the month	iy wage would be.	2.	-		\$			
4. Calculate gross Income. Add line 2 + line 3. 4. \$	3. Estimat	e and list monthly over	time pay.		3. Ⅎ	+ \$	0.00	+ \$	0.00		
	4. Calcula	te gross income. Add li	ne 2 + line 3.		4.	\$	0.00	\$	0.00		

Official Form 106I

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Malark

Case number (# known) For Debtor 1 For Debtor 2 or non-filing spouse 0.00 Copy line 4 here...... + 4 0.00 5. List all payroll deductions: 5a. Tax, Medicare, and Social Security deductions 0.00 0.00 5a. 5b. Mandatory contributions for retirement plans 5b. 0.00 0.00 0.00 0.00 5c. Voluntary contributions for retirement plans 5c. 0.00 0.00 5d. Required repayments of retirement fund loans 5d. 0.00 0.00 5e. Insurance 5e. 0.00 0.00 5f. Domestic support obligations 5f. 0.00 0.00 5g. Union dues 5g 5h. Other deductions. Specify: 5h. 0.00 0.00 6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g + 5h. 0.00 0.00 6 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 0.00 0.00 8. List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total 0.00 1,108.04 monthly net income. 8a. 0.00 0.00 8b. Interest and dividends 8b. 8c. Family support payments that you, a non-filing spouse, or a dependent Include alimony, spousal support, child support, maintenance, divorce 0.00 0.00 8c settlement, and property settlement. 0.00 0.00 8d. Unemployment compensation 8d. 8e. Social Security 8e. 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. 0.00 0.00 Specify: 8f. 780.00 3,741.00 8g. Pension or retirement income 8g. 8h. Other monthly income. Specify: 0.00 0.00 8h. 780.00 4.849.04 9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h. 9. 10. Calculate monthly income. Add line 7 + line 9. 780.00 4,599.04 5,629.04 Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 10 14. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. 0.00 11. **+** 12. Add the amount in the last column of line 10 to the amount In line 11. The result is the combined monthly income. 5,629.04 Write that amount on the Summary of Your Assets and Liabilities and Certain Statistical Information, if it applies 12. Combined monthly income 13. Do you expect an increase or decrease within the year after you file this form? ☐ No. ✓ Yes. Explain: Debtor Ella Malark is to begin receiving monthly railroad retirement payments of \$1,870 by March/April,20

Ella

Debtor 1

M

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Fill in this	s information to identify	your case:		11-25			
Debtor 1	Ella	M	Malark	0.1			
	First Name	Middle Name	Lest Name Malark		neck if this is:		
Debtor 2 (Spouse, if fi	ling) First Name	Middle Name	Last Name		An amended f	•	
United Sta	tes Bankruptcy Court for the:	Northern District o	f New York	"	A supplement expenses as o		etition chapter 13 date:
Case numl	per		<del></del> 5:		MM / DD / YYYY	/	
Officia	I Farma 406 I						
-	I Form 106J edule J: Yo	ur Evno	neae				40/45
Be as com	plete and accurate as pond. If more space is needed. Answer every question.	essible. If two ma	rried people are fili				
Part 1:	Describe Your Hou	sehold					
1. Is this a	joint case?						
	Go to line 2.  Does Debtor 2 live In a s	separate househo	old?				
	<ul><li>✓ No</li><li>✓ Yes. Debtor 2 must file</li></ul>	e Official Form 100	3J-2, Expenses for S	Separate Household of L	Debtor 2.		
2. Do you	have dependents?	☑ No		Dependent's relationsh	ala to	Dependent's	Does dependent live
Do not li Debtor 2	st Debtor 1 and		this information for dent	Debtor 1 or Debtor 2		age	with you?
Do not s	tate the dependents'			=			□ No □ Yes
names.							□ No
				-			Yes
							□ No
				×2			Yes
							No Yes
							☐ Yes
				:			Yes
expense	expenses include es of people other than f and your dependents?	☑ No ☐ Yes					
Part 2:	Estimate Your Ongo	ing Monthly Ex	penses				
expenses applicable		nkruptcy is filed.	If this is a supplem	ental <i>Schedule J</i> , che			
	penses paid for with not stance and have include					Your expe	nses
<ol> <li>The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.</li> </ol>					nts and	\$	883.11
	ncluded in line 4:						
4a. R	eal estate taxes				4a.	\$	0.00
4b. P	roperty, homeowner's, or	renter's insurance			4b.	\$	0.00
4c. H	lome maintenance, repair,	and upkeep expe	nses		4c.	\$	150.00
4d. H	lomeowner's association o	r condominium du	es		4d.	\$	0.00

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Debtor 1 Ella M Malark Case number (###nowii)\_\_\_\_\_\_

		Your ex	xpenses
5. Additional mortgage payments for your residence, such as home equity loans	5.	\$	0.00
6. Utilities:			
6a. Electricity, heat, natural gas	6a.	\$	200.00
6b. Water, sewer, garbage collection	6b.	\$	0.00
6c. Telephone, cell phone, Internet, satellite, and cable services	6c.	\$	260.00
6d. Other. Specify:	6d.	\$	0.00
7. Food and housekeeping supplies	7.	\$	1,000.00
8. Childcare and children's education costs	8.	\$	0.00
9. Clothing, laundry, and dry cleaning	9.	\$	100.00
0. Personal care products and services	10.	\$	100.00
1. Medical and dental expenses	11.	\$	50.00
<ol> <li>Transportation. Include gas, maintenance, bus or train fare.</li> <li>Do not include car payments.</li> </ol>	12.	\$	400.00
3. Entertainment, clubs, recreation, newspapers, magazines, and books	13.	\$	25.00
4. Charitable contributions and religious donations	14.	\$	25.00
<ol> <li>Insurance.</li> <li>Do not include insurance deducted from your pay or included in lines 4 or 20.</li> </ol>			
15a. Life insurance	15a.	\$	0.00
15b. Health insurance	15b.	\$	0.00
15c. Vehicle insurance	15c.	\$	100.00
15d. Other insurance. Specify:	15d.	\$	0.00
6. <b>Taxes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20. Specify:	16,	\$	500.00
7. Installment or lease payments:			
17a. Car payments for Vehicle 1	17a.	\$	0.00
17b. Car payments for Vehicle 2	17b.	\$	0.00
17c. Other. Specify:	17c.	\$	0.00
17d. Other. Specify:	17d.	\$	0.00
8. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18,	S	0.00
9. Other payments you make to support others who do not live with you.		00	
Specify:	19.	\$	0.00
0. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Incomp	me.		
20a. Mortgages on other property	20a.	\$	0.00
20b. Real estate taxes	20b.	\$	0.00
20c. Property, homeowner's, or renter's insurance	20c.	\$	0.00
20d. Maintenance, repair, and upkeep expenses	20d	\$	0.00
20e. Homeowner's association or condominium dues	20e.	\$	0.00

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22a. Add lin 22b. Copy li 22c. Add lin	rour monthly expenses. les 4 through 21. line 22 (monthly expenses for Debtor 2), if le 22a and 22b. The result is your monthly	any, from Official Form 106	22	a. c	<u> </u>	0.00
22a. Add lin 22b. Copy li 22c. Add lin	nes 4 through 21.	any, from Official Form 106	22	а. с		
22b. Copy li 22c. Add line	ine 22 (monthly expenses for Debtor 2), if	any, from Official Form 106	22	а. с		
22c. Add line		any, from Official Form 106		Ψ		3,793.11
	e 22a and 22b. The result is your monthly		J-2 22	b. <b>\$</b>	7	0.00
		expenses.	22	c. \$		3,793.11
3. Calculate yo	our monthly net income.					E 620.04
23a. Copy li	line 12 (your combined monthly income) fr	om Schedule I.	23	Ba.	\$	5,629.04
23b. Copy y	your monthly expenses from line 22c abov	/e.	23	3b ;	\$	3,793.11
	act your monthly expenses from your mont esult is your <i>monthly net income</i> .	thly income.	23	Bc.	\$	1,835.93
For example	ect an Increase or decrease In your exp e, do you expect to finish paying for your ca eyment to increase or decrease because o	ar loan within the year or do	you expect your			
☑ No.						
Yes.	Explain here:					
						*

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Fill in this information to identify your case:									
Debtor 1	Ella First Name	M Middle Name	Malark Last Name						
Debtor 2 (Spouse, if filing)	Timothy First Name	J Middle Name	Malark Last Name						
United States Bankruptcy Court for the: Northern District of New York									
Case number	(If known)		<del></del>						

☐ Check if this is an amended filing

12/15

### Official Form 106Sum

### Summary of Your Assets and Liabilities and Certain Statistical Information

	Your assets Value of what you own
Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B	\$535,412.00
1b. Copy line 62, Total personal property, from Schedule A/B	\$ 273,212.66
1c. Copy line 63, Total of all property on Schedule A/B	\$808,624.66
Part 2: Summarize Your Liabilities	
	Your liabilities Amount you owe
Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$327,744.50
Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)  3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$80,000.00
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	+ \$36,000.00
Your total liabilities	\$443,744.50
Part 3: Summarize Your Income and Expenses	
. Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$5,629.04
5. Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	<sub>\$</sub> 3,793.11

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Ella

De	otor 1 Ella M Malark Ci	ase number (if known)	
P	Answer These Questions for Administrative and Statistical Records	s	
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13?		
	☐ No. You have nothing to report on this part of the form. Check this box and submit this f ☑ Yes	form to the court with your other schedules.	
7.	What kind of debt do you have?		********
	Your debts are primarily consumer debts. Consumer debts are those "incurred by ar family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purpose.	n individual primarily for a personal, oses. 28 U.S.C. § 159.	
	Your debts are not primarily consumer debts. You have nothing to report on this parthis form to the court with your other schedules.	rt of the form. Check this box and submit	
8.	From the Statement of Your Current Monthly Income: Copy your total current monthly in Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.	s5,629.04	
9.	Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:		
		Total claim	
	From Part 4 on Schedule E/F, copy the following:		
	9a. Domestic support obligations (Copy line 6a.)	\$0.00	
	9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$80,000.00	
	9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$0.00	
	9d. Student loans. (Copy line 6f.)	\$36,000.00	
	9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$0.00	
	9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+ \$0.00	
	9g. <b>Total.</b> Add lines 9a through 9f.	\$116,000.00	

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First Name	ebtor 1	Ella	M	Malark
sse, if filing) First Name Middle Name Lest Name		First Name	Middle Name	Last Name
	ebtor 2	Timothy	J	Malark
The second of th	spouse, if filing)	First Name	Middle Name	Last Nama
ed States Bankruptcy Court for the: Northern District of New York	pouse, it filing)	First Name	Middle Name	Last Name

☐ Check if this is an amended filing

#### Official Form 106Dec

### **Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below	
Did you pay or agree to pay someone who is NOT an atto	orney to help you fill out bankruptcy forms?
☑ No	
Yes. Name of person	Attach Bankruptcy Petition Preparer's Notice, Declaration, and
	Signature (Official Form 119).
Under penalty of perjury, I declare that I have read the su that they are true and correct.	
75/ Lila Wi. Walatk	/s/ Timothy J.Malark
	Signature of Debtor 2  Date 01/23/2020
Date U1/23/2020 MM / DD / YYYY	Date MM / DD / YYYY

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Debtor 1	Ella	M	Malark
	First Name	Middle Name	Last Name
Debtor 2	Timothy	J	Malark
(Spouse, if filing	) First Name	Middle Name	Lasl Name
United States	Bankruptcy Court for th	e: Northern District o	f New York
Omice dialog			

Chec	k as directed in lines 17 and 21:						
According to the calculations required by this Statement:							
<b>1</b> .	Disposable income is not determined under 11 U.S.C. § 1325(b)(3).						
2.	Disposable income is determined under 11 U.S.C. § 1325(b)(3).						
	The commitment period is 3 years. The commitment period is 5 years.						
Check if this is an amended filing							

#### Official Form 122C-1

# Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

10/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Pa	art 1: Calculate Your Average Monthly Income									
1.	What is your marital and filling status? Check one only.  Not married. Fill out Column A, lines 2-11.									
	Married. Fill out both Columns A and B, lines 2-11.									
	Fill in the average monthly income that you received from bankruptcy case. 11 U.S.C. § 101(10A). For example, if you August 31. If the amount of your monthly income varied due the result. Do not include any income amount more than or from that property in one column only. If you have nothing the same transfer of the same t	ou are filing or ring the 6 mo nce. For exam	on Septembe nths, add the nple, if both s	r 15, the income spouses	6-mont for all 6 own the	h period wo months an same renta	uld be Mar d divide th	rch 1 through e total by 6.	Fill in	
					Colur. Debtor		Columi Debtor non-filia			
2.	Your gross wages, salary, tips, bonuses, overtime, and payroll deductions).	commission	ns (before all		\$	0.00	\$	0.00		
3.	Alimony and maintenance payments. Do not include pay	ments from a	spouse.		\$	0.00	\$	0.00		
4.	All amounts from any source which are regularly paid for you or your dependents, including child support. Include an unmarried partner, members of your household, your de roommates. Do not include payments from a spouse. Do not listed on line 3.	le regular cor pendents, pa	ntributions fro irents, and		\$	0.00	\$	0.00		
5.	Net income from operating a business, profession, or farm	Debtor 1	Debtor 2							
	Gross receipts (before all deductions)	\$	\$							
	Ordinary and necessary operating expenses	- \$	- \$							
	Net monthly income from a business, profession, or farm	\$_0.00	\$_0.00	Copy here→	\$	0.00	\$	0.00		
6.	Net income from rental and other real property	Debtor 1	Debtor 2							
	Gross receipts (before all deductions)	\$	\$							
	Ordinary and necessary operating expenses	- \$	- \$							
	Net monthly income from rental or other real property	\$	\$ 1,35 <b>0</b>	Copy here	\$		<sub>\$_1,3</sub>	358.04		

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D	ebtor 1	Ella First Name	Middle Name	M Last Name	Malark	=	Case	number (if known	)		
		****					Columi	n A	Column	R	
							Debtor	100000	Debtor 2 non-filing	or	
7.	Interest, d	ividends, an	d royalties				\$	0.00	\$	0.00	
8.	Unemploy	ment compe	ensation				\$	0.00	\$	0.00	
	Do not enter the Social	er the amoun Security Act.	it if you contend Instead, list it h	that the amoun	t received was a	benefit under					
	For you.			***************************************	\$	0.00					
	For your	spouse			\$	0.00					
9.	benefit und not include States Gov death of a under chap exceed the	ler the Social any comper vernment in comember of the oter 61 of title amount of re	Security Act. A sation, pension connection with the uniformed se 10, then included	also, except as s i, pay, annuity, o a disability, com rvices. If you red e that pay only t	nount received the tated in the next or allowance paid bat-related injury ceived any retired to the extent that therwise be entitled.	sentence, do by the United or disability, or d pay paid it does not	\$	780.00	\$ <u>3,7</u>	741.00	
10.	Do not inclu as a victim terrorism; o States Gov or death of	ude any bene of a war crim or compensat ernment in c a member o	efits received ur ne, a crime agai ion, pension, pa onnection with a	nder the Social S nst humanity, or ay, annuity, or al a disability, com	cify the source a Security Act; pays international or llowance paid by bat-related injury essary, list other	ments received domestic the United or disability.					
	7						\$	0.00	\$	0.00	
	X=====					==;	\$	0.00	\$	0.00	
	Total amo	ounts from se	parate pages, i	f any.			+ \$	0.00	+ \$	0.00	
11.	Calculate y column. The	our total aven add the to	erage monthly otal for Column	i <b>ncome.</b> Add li A to the total for	nes 2 through 10 Column B.	) for each	\$	780.00	+ \$_5,09	99.04	= \$\square\ 5,629.04  Total average monthly income
Pa	rt 2: D	etermine l	low to Meas	ure Your Ded	uctions from	Income					
12.	Copy your	total averag	e monthly inco	ome from line 1	1,	*************************					5 5 620 04
			djustment. Che								s5,629.04_
	You are	not married.	Fill in 0 below.								
				filing with you. I							
	Fill in th	ne amount of	the income liste ents, such as pa	ed in line 11, Co	lumn B, that was oouse's tax liabilit	NOT regularly by or the spouse	paid for 's suppo	the househol ort of someon	d expenses o e other than	of	
	Below, : list addi	specify the b itional adjustr	asis for excludir ments on a sepa	ng this income a arate page.	nd the amount o	f income devote	ed to eac	ch purpose. If	necessary,		
	If this a	djustment do	es not apply, er	nter 0 below.							
							\$				
	-						\$				
	8						+ \$				
	Total	***************************************		·······			\$	0.00	Copy here 👈	13	0.00
14.	Your curre	nt monthly i	n <b>come.</b> Subtra	ct the total in line	e 13 from line 12						\$_5,629.04

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De	btor 1	Ella First Name	Middle Name	M Last Name	Malark	Case number (if known)	
15.	Calc	ulate your current	monthly inco	me for the ve	ar. Follow these ste	eps:	
			_	•			\$ <u>5,629.04</u>
		Multiply line 15a by					<b>x</b> 12
	15b.	The result is your c	urrent monthly	income for the	year for this part o	of the form	<u>\$ 67,548.48</u>
16.	Calc	ulate the median t	amily income	that applies t	o you. Follow thes	e steps:	
		Fill in the state in v			NY		
	16b.	Fill in the number	of people in yo	ur household.	2		
	16c.	To find a list of app	olicable media	n income amou	nts, go online usin	oldg the link specified in the separate kruptcy clerk's office.	\$_69,642.00
17.	How	do the lines com	pare?				
	17a.	Line 15b is les 11 U.S.C. § 13	s than or equa 325(b)(3). <b>Go t</b>	I to line 16c. Or o Part 3. Do N	n the top of page 1 OT fill out <i>Calculati</i>	of this form, check box 1, Disposable income is not deteion of Your Disposable Income (Official Form 122C-2).	ermined under
	17b.	11 U.S.C. § 13	325(b)(3). Go t	o Part 3 and fi	f page 1 of this fon II out Calculation onthly income from	m, check box 2, <i>Disposable income is determined under</i> of Your Disposable Income (Official Form 122C–2).  I line 14 above.	
Pa	rt 3:	Calculate `	Your Commi	itment Perio	d Under 11 U.S.	.C. § 1325(b)(4)	
18.	Сору	/ your total averag	e monthly inc	ome from line	11		5,629.04
19.	the a	ulating the commitm mount from line 13.	ent period und	ler 11 U.S.C. §	1325(b)(4) allows	pouse is not filing with you, and you contend that you to deduct part of your spouse's income, copy	φ
	104,	ii tile illalital aujus	unent does no	сарріў, піі ігі о	orrime 19a.		- \$ <u>0.00</u>
	19b.	Subtract line 19a	from line 18.				\$ <u>5,629.04</u>
20.	Calc	ulate your current	monthly inco	me for the yea	ar. Follow these ste	eps:	
	20a,	Copy line 19b					\$ 5,629.04
		Multiply by 12 (the	number of mo	nths in a year).			x 12
	20b.	The result is your o	current monthly	y income for the	e year for this part o	of the form.	\$ <u>67,548.48</u>
	20c. (	Copy the median fa	mily income fo	r your state and	d size of household	f from line 16c	\$ 69,642.00
21.	How	do the lines comp	are?				
	<b>∠</b> ∟ 7	ine 20b is less than The commitment pe	i line 20c. Unle riod is 3 years.	ess otherwise of Go to Part 4.	rdered by the court	t, on the top of page 1 of this form, check box 3,	
	☐ L c	ine 20b is more tha heck box 4, <i>The co</i>	n or equal to li mmitment peri	ne 20c. Unless od is 5 years. C	otherwise ordered So to Part 4.	by the court, on the top of page 1 of this form,	

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Debtor 1	Ella First Name Middle N	lame L	Malark est Name	Case number (if known)			
Part 4:	Sign Below						
	By signing here, und	er penalty of pe	erjury I declare that the informa	tion on this statement and in any attachments is true and correct.			
	🗶 /s/ Ella M. Ma	lark		✗ /s/ Timothy J. Malark			
	Signature of Debtor	1		Signature of Debtor 2			
	Date 01/23/2020 MM / DD / YYYY			Date 01/23/2020 MM / DD / YYYY			
	If you checked 17a, o			On line 39 of that form, copy your current monthly income from line 14 above.			

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ebtor 1	Ella	M	Malark
	First Name	Middle Name	Last Name
Debtor 2	Timothy	J	Malark
Spouse, if filing	) First Name	Middle Name	Last Name
ited States	Bankruptcy Court for t	he: Northern District of	New York

☐ Check if this is an amended filing

#### Official Form 107

### Statement of Financial Affairs for Individuals Filing for Bankruptcy

04/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

1. What is your current r  ☑ Married ☐ Not married					
☑ No	s, have you lived anywhere				
Debtor 1:		Dates Debtor 1 lived there	Debtor 2:		Dates Debtor 2 lived there
Number Street		. From To	Same as Debtor 1  Number Street		Same as Debtor 1  From To
City	State ZIP Code	<u> </u>	City	State ZIP Code	
Number Street		From To	Same as Debtor 1  Number Street		Same as Debtor 1  From To
City  3. Within the last 8 years states and territories inc	State ZIP Code s, did you ever live with a s clude Arizona, California, Ida	pouse or legal equi ho, Louisiana, Nevad	City  valent in a community production of the community o	State ZIP Code  pperty state or territory? (co, Texas, Washington, and	Community property   Wisconsin.)

**Explain the Sources of Your Income** 

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or 1 Ella M	Malark	Case nu	imber (if known)	
First Name Middle Name Last I	Name		8.0018.002.00	
Did you have any income from employment Fill in the total amount of income you received If you are filing a joint case and you have inco	d from all jobs and all busi	nesses, including part-ti	me activities.	ndar years?
Yes. Fill in the details.	rest Ministration medical Security		W. V. The Control of	TOWN THE STATE OF STREET
	Debtor 1		Debtor 2	
	Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
From January 1 of current year until the date you filed for bankruptcy:	Wages, commissions, bonuses, tips	\$	☐ Wages, commissions, bonuses, tips	\$
the date you med for bankruptcy.	Operating a business		☑ Operating a business	
For last calendar year:	✓ Wages, commissions, bonuses, tips	\$ 30,762.00	Wages, commissions, bonuses, tips	\$
(January 1 to December 31, 2017 YYYY	Operating a business		Operating a business	
For the calendar year before that:	Wages, commissions, bonuses, tips		Wages, commissions, bonuses, tips	
(January 1 to December 31,)	Operating a business	\$	Operating a business	\$
nclude income regardless of whether that inc unemployment, and other public benefit paym pambling and lottery winnings. If you are filing	ome is taxable. Examples nents; pensions; rental inc na joint case and you hav	of other income are alinome; interest; dividends; e income that you receive	money collected from laws red together, list it only once	uits; royalties; and
Did you receive any other income during the notice income regardless of whether that income income, and other public benefit payment, and other public benefit payment and lottery winnings. If you are filing it each source and the gross income from each	ome is taxable. Examples nents; pensions; rental inc na joint case and you hav	of other income are alinome; interest; dividends; e income that you receive	money collected from laws red together, list it only once	uits; royalties; and
Did you receive any other income during the notate income regardless of whether that incomended income regardless of whether that incomended incoment, and other public benefit paymagambling and lottery winnings. If you are filing its each source and the gross income from e	ome is taxable. Examples nents; pensions; rental inc na joint case and you hav	of other income are alinome; interest; dividends; e income that you receive	money collected from laws red together, list it only once	uits; royalties; and
Did you receive any other income during the notice income regardless of whether that income income, and other public benefit paymembling and lottery winnings. If you are filing ist each source and the gross income from e	some is taxable. Examples tents; pensions; rental inc particular a joint case and you have each source separately. D	of other income are alinome; interest; dividends; e income that you receive	money collected from laws ed together, list it only once t you listed in line 4.	uits; royalties; and under Debtor 1.  Gross income from each source
Did you receive any other income during the include income regardless of whether that income place income regardless of whether that income memployment, and other public benefit paymenthing and lottery winnings. If you are filing ist each source and the gross income from each source and the gross income from each yes. Fill in the details.  From January 1 of current year until	come is taxable. Examples tents; pensions; rental including a joint case and you have each source separately. Debtor 1  Sources of income	Gross income from each source (before deductions and exclusions)	money collected from laws red together, list it only once it you listed in line 4.  Debtor 2  Sources of income	Gross income from each source (before deductions and exclusions)
Did you receive any other income during the include income regardless of whether that include income, and other public benefit payment ambling and lottery winnings. If you are filing it each source and the gross income from each source and the gross income from each the gross income from ea	come is taxable. Examples tents; pensions; rental including a joint case and you have each source separately. Debtor 1  Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	money collected from laws red together, list it only once it you listed in line 4.  Debtor 2  Sources of income Describe below.	Gross income from each source (before deductions and exclusions)
Did you receive any other income during the include income regardless of whether that income place income regardless of whether that income place income from earthful and lottery winnings. If you are filing it each source and the gross income from each source and the gross income from each yes. Fill in the details.	come is taxable. Examples tents; pensions; rental including a joint case and you have each source separately. Debtor 1  Sources of income Describe below.	Gross income from each source (before deductions and exclusions)  780.00	money collected from laws red together, list it only once it you listed in line 4.  Debtor 2  Sources of income Describe below.  Railroad Retirement.	Gross income from each source (before deductions and exclusions)
Did you receive any other income during the notice income regardless of whether that income properties and other public benefit payment, and other public benefit payment and lottery winnings. If you are filing a cist each source and the gross income from each source and the gross income from each yes. Fill in the details.	come is taxable. Examples tents; pensions; rental including a joint case and you have each source separately. Debtor 1  Sources of income Describe below.	Gross income from each source (before deductions and exclusions)  780.00	money collected from laws red together, list it only once it you listed in line 4.  Debtor 2  Sources of income Describe below.  Railroad Retirement.	Gross income from each source (before deductions and exclusions)
Did you receive any other income during the include income regardless of whether that incomendation income regardless of whether that incomendation income regardless of whether that incomendation incoments and other public benefit paymers gambling and lottery winnings. If you are filling a cach source and the gross income from each of the incoments of the incom	come is taxable. Examples tents; pensions; rental including a joint case and you have each source separately. Debtor 1  Sources of income Describe below.	Gross income from each source (before deductions and exclusions)  780.00	money collected from laws red together, list it only once it you listed in line 4.  Debtor 2  Sources of income Describe below.  Railroad Retirement.	Gross income from each source (before deductions and exclusions)
Did you receive any other income during the notice income regardless of whether that income playment, and other public benefit payment gambling and lottery winnings. If you are filing distributed income from each source and the gross income from each No Yes. Fill in the details.  From January 1 of current year until the date you filed for bankruptcy:	come is taxable. Examples tents; pensions; rental including a joint case and you have each source separately. Debtor 1  Sources of income Describe below.	Gross income from each source (before deductions and exclusions)  780.00	money collected from laws red together, list it only once it you listed in line 4.  Debtor 2  Sources of income Describe below.  Railroad Retirement.	Gross income from each source (before deductions and exclusions)
Did you receive any other income during the notice income regardless of whether that income properties and other public benefit paying ambling and lottery winnings. If you are filing distance and the gross income from each source and the gross income from each of the properties.  No  Yes. Fill in the details.  From January 1 of current year until the date you filed for bankruptcy:  For last calendar year:  (January 1 to December 31,2017  YYYY	come is taxable. Examples tents; pensions; rental including a joint case and you have each source separately. Debtor 1  Sources of income Describe below.	Gross income from each source (before deductions and exclusions)  780.00	money collected from laws red together, list it only once it you listed in line 4.  Debtor 2  Sources of income Describe below.  Railroad Retirement.	Gross income from each source (before deductions and exclusions)
Did you receive any other income during the Include income regardless of whether that incurrently produced income regardless of whether that incurrently produced income regardless of whether that incurrently produced income regardless. If you are filing that each source and the gross income from each of the comment of the gross income from the last case.  From January 1 of current year until the date you filed for bankruptcy:  For last calendar year:  (January 1 to December 31, 2017  YYYY)  For the calendar year before that:	come is taxable. Examples tents; pensions; rental including a joint case and you have each source separately. Debtor 1  Sources of income Describe below.	Gross income from each source (before deductions)  \$ 780.00  \$	money collected from laws red together, list it only once it you listed in line 4.  Debtor 2 Sources of income Describe below.  Railroad Retirement Rental Income	Gross income from each source (before deductions and exclusions)
Did you receive any other income during the Include income regardless of whether that income unemployment, and other public benefit paying gambling and lottery winnings. If you are filling List each source and the gross income from each of the proof of	come is taxable. Examples tents; pensions; rental including a joint case and you have each source separately. Debtor 1  Sources of income Describe below.	Gross income from each source (before deductions)  \$ 780.00  \$	money collected from laws red together, list it only once it you listed in line 4.  Debtor 2  Sources of income Describe below.  Railroad Retirement.	Gross income from each source (before deductions and exclusions)

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r 1	Ella	M		Malark	Case	number (if known)	
	First Name	Middle Name	Last Name				
t 3:	List Certain	Payments Yo	u Made Befo	ore You Filed	for Bankruptcy		
re eit	her Debtor 1's	or Debtor 2's de	bts primarily	consumer debt	s?		
) No	. Neither Debte	or 1 nor Debtor :	2 has primaril	y consumer de	bts. Consumer debts ar	e defined in 11 U.S.C. § 101	(8) as
	"incurred by a	n individual prima	arily for a perso	onal, family, or h	ousehold purpose."		. ,
	During the 90	days before you	filed for bankru	uptcy, did you pa	ly any creditor a total of	\$6,825* or more?	
	No. Go to	line 7.					
						or more payments and the	
					ayments for domestic su lents to an attorney for t	upport obligations, such as this bankruptcy case	
						ifter the date of adjustment.	
<b>1</b> v.		ebtor 2 or both					
- 10					ous. By any creditor a total of	\$600 or more?	
				-p.to), a.a jou po	y any croance a total of	4000 di 111010.	
	No. Go to						
	Yes. List b	elow each credit	or to whom you	u paid a total of	\$600 or more and the to ort obligations, such as	otal amount you paid that	
					y for this bankruptcy ca		
				Dates of payment	Total amount paid	Amount you still owe	Was this payment for
				I Weller			
	Creditor's N	lame		-	\$	\$	Mortgage
							☐ Car
	Number	Street					Credit card
							Loan repayment
							Suppliers or vendors
	City	State	ZIP Code	ė.			Other
						15.55	
					\$	_ \$	☐ Mortgage
	Creditor's N	lame					Саг
	Number	Street					Credit card
							Loan repayment
	-						☐ Suppliers or vendors
	City	State	ZIP Code				Other
	-						
	***					920	
	Creditor's N	lame			\$	_ \$	Mortgage
							Car
	Number 5	Street					Credit card
							Loan repayment
	<del>,</del>			· ·			☐ Suppliers or vendors☐ Other

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r 1	Ella	M	Last Name	Malark	<b>-</b> :	Case number (if known)	
	First Name	Middle Name	Last Name				
<i>Insid</i> corp agei	ders include your a corations of which	relatives; any ger you are an office for a business you	neral partners; r er, director, pers	relatives of any son in control, o	general partners; p r owner of 20% or i	artnerships of whic more of their voting	vho was an insider? h you are a general partner; securities; and any managing r domestic support obligations,
<b>1</b>							
<b>□</b> ,	Yes. List all paym	ents to an insider	r.				The Control of the Co
				Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
	-				\$	\$	
	Insider's Name					: : <u></u> ;	
	Number Street						
	4						
			_				
	City	State	ZIP Code				
	0			м	\$	. \$	
	Insider's Name			8	20		
	Number Street						
	1			-			
	City	State	ZIP Code				
an in Inclu	nsider? ude payments on a	debts guaranteed	d or cosigned by		payments or trans	fer any property o	n account of a debt that benefited
	Yes. List all paym	ents that benefite	ed an insider.	Dates of	Total amount	Amount you still	Reason for this payment
				payment	paid	owe	Include creditor's name
	- Institute Name				\$	\$	
	Insider's Name						
	Number Street						
	City	State	ZIP Code				
					\$	\$	
	Insider's Name				Ψ	Ψ	
	7			d			
	Number Street						
	0			-			
	City	Stata	ZID Codo				

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Malark

М

btor 1	Ella	M	<u>Malark</u>	Case r	umber (# known)_		
	First Name Middle	e Name Last Name					
	_						
art 4:	Identify Legal	Actions, Repossessio	ns, and Foreclosure	es		-9	
Withir	n 1 year before you	filed for bankruptcy, we	re you a party in any la	wsuit, court acti	on, or adminis	strative procee	eding?
		ling personal injury cases					
and co	ontract disputes.						
☑ No	0						
☐ Ye	es. Fill in the details.						
		Natu	re of the case	Court or a	gency		Status of the case
				T I			
C	Case title			Court Name			Pending
				Court Name			On appeal
:-				Number Str			Concluded
				Number Str	eet.		Concluded
С	Case number			City	State	ZIP Code	
				City	State	ZIF Code	
							_
С	Case title			Court Name			Pending
							On appeal
-				Number Str	eet		Concluded
С	Case number						
	<del>-</del>			City	State	ZIP Code	
	es. Fill in the informat	ion below.	5	<b>.</b>			
			Describe the proper	ty		Date	Value of the property
	Creditor's Name					I	_ \$
	Number Street		Explain what happe	ned		U.	
			D. Branch				
			Property was to Property was to				
			Property was				
	City	State ZIP Code		attached, seized,	or levied:		
			Describe the proper				Value of the property
			Describe the proper	ty:		Date	value of the property
	-		_		41		\$
	Creditor's Name						
			_				
	Number Street		Explain what happe	ned			
			D December				
4 V	-		Property was a	•			
			_ ' '				
	City	State ZIP Code					
			Property was a	attached, seized,	or levied.		

Ella

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Case number (if known)\_

Malark

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Ella

Debtor 1

	tcy, did any creditor, including a bank or financial i ause you owed a debt?	nstitution, set off any amounts	from your
No	ause you owed a dest.		
Yes. Fill in the details.			
	Describe the action the creditor took	Date action Amour	ıt
		was taken	
Creditor's Name			
Number Street		\$	
City State ZIP Code	Last 4 digits of account number: XXXX	\$\frac{1}{2} \frac{1}{2}	
No Yes			
List Certain Gifts and Contribut	ions		
Gifts with a total value of more than \$600	Describe the site		
per person	Describe the gifts	Dates you gave Va	lue
per person	Describe the girts	Dates you gave the gifts \$	lue
per person	Describe the gins	Dates you gave the gifts  \$\$	lue
Person to Whom You Gave the Gift	Describe the gins	Dates you gave the gifts  \$\$	lue
Person to Whom You Gave the Gift  Number Street	Describe the gins	Dates you gave the gifts  \$\$	lue
Person to Whom You Gave the Gift  Number Street  City State ZIP Code	Describe the gins	Dates you gave the gifts  \$\$	lue
Person to Whom You Gave the Gift  Number Street  City State ZIP Code  Person's relationship to you  Gifts with a total value of more than \$600	Describe the gifts	Dates you gave the gifts  \$  Dates you gave the gifts	
Person to Whom You Gave the Gift  Number Street  City State ZIP Code  Person's relationship to you  Gifts with a total value of more than \$600 per person		\$\$Dates you gave Value	
Person to Whom You Gave the Gift  Number Street  City State ZIP Code  Person's relationship to you  Gifts with a total value of more than \$600 per person		\$\$Dates you gave Value	
Person to Whom You Gave the Gift  Number Street  City State ZIP Code  Person's relationship to you  Gifts with a total value of more than \$600 per person  Person to Whom You Gave the Gift		\$\$Dates you gave Value	
Person to Whom You Gave the Gift  Number Street		\$\$Dates you gave Value	

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Vith	Ella First Name Middle Name	M e Last N	Malark	Case number (if known)_		
Vith	THE MALE MALE MALE	c Lusti	Nine .			
	:- 0 bafa (!!	al da a fra a lacciona	4.4			
<b>Z</b>		o tor bankrup	cy, did you give any gifts or co	ntributions with a total valu	e of more than \$60	10 to any charity?
	งo ∕es. Fill in the details for ea	ach gift or contr	ibution.			
	Gifts or contributions to chat total more than \$600	arities	Describe what you contributed		Date you contributed	Value
æ						\$
C	Charity's Name					110
-						\$
N	lumber Street					
C	City State ZIP Code	е				
t 6:	List Certain Losse					
τ ο:	List Certain Losse	<b>es</b>				
	Describe the property you k how the loss occurred	ost and	Describe any insurance coverage include the amount that insurance to claims on line 33 of Schedule A/B:	as paid. List pending insurance	Date of your loss	Value of property lost
			*			
						\$
t 7:	List Certain Payme	ents or Trans	fers			
Vith			cy, did you or anyone else actin	a on your bobalf nay or trai	refor any proporty	to anyono
			r preparing a bankruptcy petitic		isler ally property	to anyone
		tcy petition pre	parers, or credit counseling agend	cies for services required in y	our bankruptcy.	
<b>Z</b> N						
<b>∟</b> Y	es. Fill in the details.					
			Description and value of any prop	perty transferred	Date payment or transfer was	TAXABLE DESCRIPTION OF THE PROPERTY OF THE PARTY OF THE P
	Person Who Was Paid				made	Amount of payment
			I .			Amount of payment
	Number Street					Amount of payment
	Number Street				-	\$
	Number Street					\$\$
		ZID Carlo				\$\$
	Number Street  City State	ZIP Code				\$sssssss
		ZIP Code				\$\$

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	Last Name			
	Description and value of an	y property transferred	Date payment or transfer was made	Amount of payment
Person Who Was Paid				
Number Street				
- Street			<u></u>	\$
City State ZIP	P Code			
Sily State 211				
Email or website address			1	
Person Who Made the Payment, if Not You	<del>ou</del>			
Yes. Fill in the details.	Description and value of an	y property transferred	Date payment or	Amount of paym
	Description and value of an	y property dansieried	transfer was	Amount of paym
Person Who Was Paid				
Number Street				B
			*	<b>.</b>
•	P Code	otherwise transfer any prop	arty to anyone other than	a nanostu
nin 2 years before you filed for I				
sferred in the ordinary course outset ude both outright transfers and tra	of your business or financial affairs ransfers made as security (such as the at you have already listed on this state	e granting of a security interes	t or mortgage on your prop	erty).
sferred in the ordinary course of ude both outright transfers and tra not include gifts and transfers that No	ansfers made as security (such as the	e granting of a security interes ement.	perty or payments received	Date transfe was made
sferred in the ordinary course of ude both outright transfers and tra not include gifts and transfers that No	ransfers made as security (such as the at you have already listed on this state Description and value of pro	e granting of a security interesement.  Openty Describe any pro	perty or payments received	Date transfe
sferred in the ordinary course of ude both outright transfers and tra- not include gifts and transfers that No Yes. Fill in the details.	ransfers made as security (such as the at you have already listed on this state Description and value of pro	e granting of a security interesement.  Openty Describe any pro	perty or payments received	Date transfe
Insterred in the ordinary course of ude both outright transfers and transfers and transfers that the include gifts and transfers that the No Yes. Fill in the details.  Person Who Received Transfer  Number Street	ransfers made as security (such as the at you have already listed on this state Description and value of pro	e granting of a security interesement.  Openty Describe any pro	perty or payments received	Date transfe
Insterred in the ordinary course of ude both outright transfers and transfers and transfers that the include gifts and transfers that the No Yes. Fill in the details.  Person Who Received Transfer  Number Street	Description and value of protransferred	e granting of a security interesement.  Openty Describe any pro	perty or payments received	Date transfe
sferred in the ordinary course of ude both outright transfers and transfers and transfers that not include gifts and transfers that No Yes. Fill in the details.  Person Who Received Transfer  Number Street  City State ZIP	Description and value of protransferred	e granting of a security interesement.  Openty Describe any pro	perty or payments received	Date transfe
sferred in the ordinary course of the course	Description and value of protransferred	e granting of a security interesement.  Openty Describe any pro	perty or payments received	Date transfe
sferred in the ordinary course of the deboth outright transfers and transfers and transfers that the details.  Person Who Received Transfer  City State ZIP  Person's relationship to you  Person Who Received Transfer	Description and value of protransferred	e granting of a security interesement.  Openty Describe any pro	perty or payments received	Date transfe

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	Cont Manne Midde	dle Name Last	Malark Name	Case number (if kno	(24Vn)	
	First Name Midd	ne Name Last	Name			
Withi	n 10 vears before v	ou filed for hankri	uptcy, did you transfer any proper	ty to a self-settled true	st or similar device of v	which you
			sset-protection devices.)	ty to a sen-settled trus	ot of Sillilial device of v	vilicii you
<b>☑</b> N			,			
	es. Fill in the details.					
	co. I iii iii iiio dotallo.					
			Description and value of the prope	rty transferred		Date transfer was made
						was made
N	ame of trust					
.,	and of trace		-			
8=			1			
ırt 8:	List Certain Fin	ancial Account	s, Instruments, Safe Deposit	Boxes, and Storag	e Units	
Withi	n 1 vear before vou	filed for bankrun	tcy, were any financial accounts o	r instruments held in	VOUE name, or for your	henefit
	ed, sold, moved, or		cy, were any infancial accounts to	i ilistramento nela m	your name, or for your	Defielit,
			or other financial accounts; certi	ficates of deposit: sha	ares in banks, credit ur	nions.
			atives, associations, and other fir		area in Banko, ordan ar	
☑ N	0					
ПΥ	es. Fill in the detail	s.				
			Last 4 digits of account number	Type of account or	Date account was	Last balance before
			Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved,	Last balance before closing or transfer
			Last 4 digits of account number			
	Name of Financial Institut	ion		instrument	closed, sold, moved,	
-	Name of Financial Institut	ion	Last 4 digits of account number	☐ Checking	closed, sold, moved,	
	Name of Financial institut Number Street	ion		Checking Savings	closed, sold, moved,	
		ion		Checking Savings Money market	closed, sold, moved,	
ii ii	Number Street			Checking Savings Money market Brokerage	closed, sold, moved,	
ii ii		State ZIP Code		Checking Savings Money market	closed, sold, moved,	
ii ii	Number Street		XXXX	Checking Savings Money market Brokerage Other	closed, sold, moved,	
	Number Street	State ZIP Code		Checking Savings Money market Brokerage Other Checking	closed, sold, moved,	
	Number Street	State ZIP Code	XXXX	Checking Savings Money market Brokerage Other Checking Savings	closed, sold, moved,	
	Number Street	State ZIP Code	XXXX	Checking Savings Money market Brokerage Other Checking	closed, sold, moved,	
	Number Street  City  Name of Financial Institut	State ZIP Code	XXXX	Checking Savings Money market Brokerage Other Checking Savings	closed, sold, moved,	
	Number Street  City  Name of Financial Institut	State ZIP Code	XXXX	Checking Savings Money market Brokerage Other Checking Savings Money market	closed, sold, moved,	
	Number Street  City  Name of Financial Institut	State ZIP Code	XXXX	Checking Savings Money market Brokerage Checking Savings Money market Brokerage	closed, sold, moved,	
	Number Street  City  Name of Financial Institut  Number Street	State ZIP Code	XXXX	Checking Savings Money market Brokerage Checking Savings Money market Brokerage Other Other	closed, sold, moved, or transferred	s
i i i Do yo	Number Street  City  Name of Financial Institut  Number Street	State ZIP Code	XXXX	Checking Savings Money market Brokerage Checking Savings Money market Brokerage Other Other	closed, sold, moved, or transferred	s
i i Do yo secul	Number Street  City  Name of Financial Institut  Number Street  City  Du now have, or did rities, cash, or othe	State ZIP Code	XXXX	Checking Savings Money market Brokerage Checking Savings Money market Brokerage Other Other	closed, sold, moved, or transferred	s
Do yo	Number Street  City  Name of Financial Institut  Number Street  City  Du now have, or did rities, cash, or othe	State ZIP Code  sion  State ZIP Code  I you have within 1  r valuables?	XXXX	Checking Savings Money market Brokerage Checking Savings Money market Brokerage Other Other	closed, sold, moved, or transferred	s
Do yo	Number Street  City  Name of Financial Institut  Number Street  City  Du now have, or did rities, cash, or othe	State ZIP Code  sion  State ZIP Code  I you have within 1  r valuables?	XXXX	Checking Savings Money market Brokerage Checking Savings Money market Brokerage Other Other	closed, sold, moved, or transferred	\$y for
Do you secul	Number Street  City  Name of Financial Institut  Number Street  City  Du now have, or did rities, cash, or othe	State ZIP Code  sion  State ZIP Code  I you have within 1  r valuables?	XXXX	Checking Savings Money market Brokerage Checking Savings Money market Brokerage Checking Savings Money market Brokerage Other	closed, sold, moved, or transferred	\$
Do you secul	Number Street  City  Name of Financial Institut  Number Street  City  Du now have, or did rities, cash, or othe	State ZIP Code  sion  State ZIP Code  I you have within 1  r valuables?	XXXX	Checking Savings Money market Brokerage Checking Savings Money market Brokerage Checking Savings Money market Brokerage Other	closed, sold, moved, or transferred	\$y for
Do you seculum	Number Street  City  Name of Financial Institut  Number Street  City  Du now have, or did rities, cash, or othe	State ZIP Code  State ZIP Code  I you have within 1 or valuables?	XXXX	Checking Savings Money market Brokerage Checking Savings Money market Brokerage Checking Savings Money market Brokerage Other	closed, sold, moved, or transferred	\$y for
Do you secur	Number Street  City  Name of Financial Institut  Number Street  City  Du now have, or did rities, cash, or othe  o es. Fill in the details	State ZIP Code  State ZIP Code  I you have within 1 or valuables?	XXXX  XXXX  year before you filed for bankrup  Who else had access to it?	Checking Savings Money market Brokerage Checking Savings Money market Brokerage Checking Savings Money market Brokerage Other	closed, sold, moved, or transferred	s  y for  Do you still have it?
Do you	Number Street  City  Name of Financial Institut  Number Street  City  Du now have, or did rities, cash, or othe  o es. Fill in the details	State ZIP Code  State ZIP Code  I you have within 1 or valuables?	XXXX  XXXX  year before you filed for bankrup  Who else had access to it?	Checking Savings Money market Brokerage Checking Savings Money market Brokerage Checking Savings Money market Brokerage Other	closed, sold, moved, or transferred	s  y for  Do you still have it?

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	Ella	M	Malark	Case number (if known)	
	First Name	Middle Name	Last Name		
lave y ☑ No		rty in a storage u	nit or place other than your home	within 1 year before you filed for bankrupto	cy?
	o es. Fill in the deta				
U Te	es. Fill in the deta	IIS.	Marie and a second and a second as	NO. I will be a state of the st	- 2
			Who else has or had access to i	it? Describe the contents	Do you sti have it?
			No.		□ No
'	Name of Storage Facil	лу	Name		☐ Yes
	Number Street		Number Street		
	Number Succe		Manuscr Street		
	-		CityState ZIP Code		
	City	State ZIP Code			
	City	State ZIF Code			
-4 O.	I donatifu De	anamin Van Ua	ld or Control for Company Fig.		
rt 9:	Identity P	operty You no	ld or Control for Someone Els	se 	
Do yo	ou hold or contro	l any property the	at someone else owns? Include ar	ny property you borrowed from, are storing	for,
	old in trust for so	meone.			
M M	_				
U Y	es. Fill in the det	ails.			
			Where is the property?	Describe the property	Value
					\$
	Owner's Name				Ψ
1	Owner's Name		Number Street		Ψ
	Owner's Name Number Street		Number Street		Ψ
			Number Street		Ψ
Î	Number Street		City State	ZIP Code	<u> </u>
Î		State ZIP Code	City State	ZIP Code	•
,	Number Street		City State	ZIP Code	•
rt 10	Number Street  City  Give Detail	ils <b>Abou</b> t Enviro	City State	ZIP Code	•
rt 10	Number Street  City  Give Detain	0, the following d	City State  onmental Information  definitions apply:		
rt 10 the p	Number Street  City  Give Detail purpose of Part 1 ronmental law me	o, the following deans any federal,	city State  conmental Information  definitions apply: state, or local statute or regulation	n concerning pollution, contamination, rele	ases of
rt 10 the p Envir hazar	City  Give Detail purpose of Part 1 ronmental law me	0, the following deans any federal, obstances, wastes	city State  conmental Information  definitions apply: state, or local statute or regulations, or material into the air, land, soil	n concerning pollution, contamination, rele il, surface water, groundwater, or other med	ases of
rt 10 the p Envir hazar inclu	City  Give Detail  purpose of Part 1  ronmental law merodus or toxic suiting statutes or i	Is About Environment of the following deans any federal, abstances, wastes regulations control	City State  conmental Information  definitions apply: state, or local statute or regulation s, or material into the air, land, soil colling the cleanup of these substa	n concerning pollution, contamination, rele il, surface water, groundwater, or other med unces, wastes, or material.	ases of dium,
rt 10 the p Envir hazar inclu	City  Give Detail purpose of Part 1 ronmental law me rdous or toxic su ding statutes or means any location	0, the following deans any federal, bstances, wastes regulations control, facility, or pro	city State  conmental Information  definitions apply: state, or local statute or regulation s, or material into the air, land, soil olling the cleanup of these substa	n concerning pollution, contamination, rele il, surface water, groundwater, or other med	ases of dium,
rt 10 the p Envir hazar inclu- Site r utilize	City  City  Give Detain  purpose of Part 1  ronmental law merdous or toxic surding statutes or t	0, the following deans any federal, obstances, wastes regulations control, facility, or prove, operate, or util	city State  conmental Information  definitions apply: state, or local statute or regulations, or material into the air, land, soil colling the cleanup of these substate operty as defined under any enviroilize it, including disposal sites.	n concerning pollution, contamination, rele il, surface water, groundwater, or other med ances, wastes, or material. onmental law, whether you now own, opera	ases of fium, te, or
the period of th	Give Detail purpose of Part 1 ronmental law me rdous or toxic su ding statutes or i means any locatil e it or used to ow rdous material m	0, the following deans any federal, abstances, wastes regulations control, facility, or proven, operate, or utilizerans anything an	city State  conmental Information  definitions apply: state, or local statute or regulations, or material into the air, land, soil colling the cleanup of these substate operty as defined under any envirous lize it, including disposal sites.	n concerning pollution, contamination, rele il, surface water, groundwater, or other med unces, wastes, or material.	ases of fium, te, or
the period of th	Give Detail purpose of Part 1 ronmental law me rdous or toxic su ding statutes or i means any locatil e it or used to ow rdous material m	0, the following deans any federal, abstances, wastes regulations control, facility, or proven, operate, or utilizerans anything an	city State  conmental Information  definitions apply: state, or local statute or regulations, or material into the air, land, soil colling the cleanup of these substate operty as defined under any enviroilize it, including disposal sites.	n concerning pollution, contamination, rele il, surface water, groundwater, or other med ances, wastes, or material. onmental law, whether you now own, opera	ases of fium, te, or
rt 10 the p Envir hazai inclu Site r utilize Hazas	Give Detail purpose of Part 1 ronmental law me rdous or toxic su ding statutes or i means any locatile e it or used to ow rdous material me tance, hazardous	O, the following deans any federal, abstances, wastes regulations control, facility, or provin, operate, or utilizeans anything and material, polluta	city State  conmental Information  definitions apply: state, or local statute or regulations, or material into the air, land, soil colling the cleanup of these substate operty as defined under any envirous lize it, including disposal sites.	n concerning pollution, contamination, rele il, surface water, groundwater, or other med ances, wastes, or material. onmental law, whether you now own, opera nazardous waste, hazardous substance, tox	ases of fium, te, or
rt 10 the period the period to	Give Detail purpose of Part 1 ronmental law me rdous or toxic su ding statutes or i means any locatil e it or used to ow rdous material me tance, hazardous	O, the following deans any federal, abstances, wastes regulations control, facility, or provin, operate, or utilizeans anything and material, pollutales, and proceedings.	city State  conmental Information  definitions apply: state, or local statute or regulations, or material into the air, land, soil olling the cleanup of these substate operty as defined under any envirolize it, including disposal sites. In environmental law defines as a hunt, contaminant, or similar term. Ings that you know about, regardle	n concerning pollution, contamination, reletil, surface water, groundwater, or other medinces, wastes, or material.  Dommental law, whether you now own, operations are also as a substance, toxics of when they occurred.	ases of flum, te, or
rt 10 the period the period to	Give Detail purpose of Part 1 ronmental law me rdous or toxic su ding statutes or i means any locatil e it or used to ow rdous material me tance, hazardous	O, the following deans any federal, abstances, wastes regulations control, facility, or provin, operate, or utilizeans anything and material, pollutales, and proceedings.	city State  conmental Information  definitions apply: state, or local statute or regulations, or material into the air, land, soil olling the cleanup of these substate operty as defined under any envirolize it, including disposal sites. In environmental law defines as a hunt, contaminant, or similar term. Ings that you know about, regardle	n concerning pollution, contamination, rele il, surface water, groundwater, or other med ances, wastes, or material. onmental law, whether you now own, opera nazardous waste, hazardous substance, tox	ases of flum, te, or
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ve you notined any governmen	ital unit of any release of hazardous m		
No			
Yes. Fill in the details.			
	Governmental unit	Environmental law, if you know it	Date of notice
			1 1000000000000000000000000000000000000
Name of site	Governmental unit		-
Number Street	Number Street		
	City State ZIP Co.	de	
City State Z	IP Code		
ve you been a party in any judi	cial or administrative proceeding unde	er any environmental law? Include settlemer	nts and orders.
No			
Yes. Fill in the details.			
	Court or agency	Nature of the case	Status of the
12 8007			case
Case title	Court Name		☐ Pending
	South Name		On appe
*	Number Street		☐ Conclude
			_ 00110100
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		Parallel III are at
	Describe the nature of the business	Employer Identification number  Do not include Social Security number or ITIN
Business Name		EIN:
Number Street	Name of accountant or bookkeeper	Dates business existed
City State ZIP Co	40	From To
State Zir CO	ue	
hin 2 years before you filed for bar	ıkruptcy, did you give a financial statement t	to anyone about your business? Include all financial
titutions, creditors, or other parties		
No Yes. Fill in the details below.		
res. Fill III the details Delow.	D.A. Laure	
	Date issued	
Name	MM / DD / YYYY	
Number Street		
-		
City State ZIP Cod	de	
,	-	
2: Sign Below		
nave read the answers on this <i>State</i>	ement of Financial Affairs and any attachmen	nts, and I declare under penalty of perjury that the
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UNITED STATES BANKRUPTCY CO	URT
NORTHERN DISTRICT OF NEW YOR	ŀΚ

In re:

Ella M. Malark, and Timothy J. Malark,

Debtor(s).

Case No. Chapter 13

#### CERTIFICATION PURSUANT TO LOCAL BANKRUPTCY RULE 3015-1

I certify that I am counsel for the above-captioned debtor(s) [or, if pro se, the debtor]. I have overseen the preparation and reviewed the mailing matrix filed by the debtor in this case. I understand that the United States Bankruptcy Court (Court) and the Bankruptcy Noticing Center (BNC) rely upon the mailing matrix provided by the debtor and certified by the debtor's attorney, and that compliance with 11 U.S.C. § 342(c) and LBR 1007-2 ensures that proper addresses are used for mailings by the Court, the BNC, and the debtor.

I further certify that the mailing matrix filed in this case contains addresses and account numbers in redacted format, if applicable, which allows for service by the BNC in accordance with 11 U.S.C. § 342(c) and LBR 1007-2.

I further certify that I acknowledge that regardless of whether the plan is filed with or after the petition, the debtor is responsible for ensuring that notice of the plan, the hearing on confirmation and the time fixed for filing an objection to confirmation of the plan are given in accordance with 11 U.S.C. § 342(c).

Dated: | 23 | 2020

/s/ Opal F. Hinds

Debtor's attorney

[Insert Name, Address, Telephone Number and E-Mail Address below] Opal F. Hinds 650 Franklin Street, Suite 304 Schenectady, NY 12305 Tel. 518-893-8100 Email. opalhinds@1sthindslaw.com Case 20-10225-1-rel Doc 1 Filed 02/12/20 Entered 02/12/20 15:56:38 Desc Main Document Page 58 of 59

B2030 (Form 2030) (12/15)

### United States Bankruptcy Court

Northern District Of New York

In	re Ella M. Malark, and Timothy J. Malark,		Case No.			
Debtor			Chapter 13			
	DISCLOSURE OF	COMPENSATION OF ATTO	ORNEY FOR DI	EBTOR		
1.	Pursuant to 11 U.S.C. § 329(a) and named debtor(s) and that compensa bankruptcy, or agreed to be paid to contemplation of or in connection v	ation paid to me within one year me, for services rendered or to	before the filing be rendered on be	of the petition in		
	For legal services, I have agreed to	accept	\$	4,400		
	Prior to the filing of this statement					
	Balance Due		\$	4,400		
2.	The source of the compensation paid to me was:					
	Debtor	Other (specify)				
3.	The source of compensation to be p	paid to me is:				
	Debtor	Other (specify)				
4.	I have not agreed to share members and associates of my	the above-disclosed compensati law firm.	on with any other	person unless they are		
		above-disclosed compensation vaw firm. A copy of the agreeme ation, is attached.				
5.	In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:					
	a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether file a petition in bankruptcy;					
	b. Preparation and filing of any p	etition, schedules, statements of	f affairs and plan	which may be required;		
	c. Representation of the debtor at hearings thereof;	the meeting of creditors and co	onfirmation hearin	g, and any adjourned		

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B2030 (Form 2030) (12/15)

- d. Representation of the debtor in adversary proceedings and other contested bankruptcy matters;
- e. [Other provisions as needed]

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

1 23 ZOZO

Signature of Attorney

Name of law firm